

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
 Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
 Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## ACCOUNTING EXAMINING BOARD

### VERIFICATION OF EXAMINATION OR REGISTRATION

**APPLICANT: Complete top portion of this form and forward to Registration Agency.** Proper completion of this form (**Form#131**) is required for processing of the application. Any alteration made to the form will void the form. Failure to submit proper documentation will delay processing of your credential application. Form letters from other jurisdictions are acceptable. A fee may be required from the Registration Agency.

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Address</b> (street, city, state, zip)			
<input style="width: 95%;" type="text"/>			
<b>If examinations were taken, indicate state(s) and date(s):</b> <input style="width: 95%;" type="text"/>			
Original State of Licensure: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Credential Number: <input style="width: 150px;" type="text"/>	Date of Birth: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	

**REGISTRATION AGENCY: Complete Section below and return directly to DSPS:** You may fax/email to: (608) 261-7083 or [DSPSCREDAccounting@wisconsin.gov](mailto:DSPSCREDAccounting@wisconsin.gov).

The above named individual was registered as a Certified Public Accountant.  Yes  No

License #  Date Granted:  /  /  Expiration Date:  /  /

Basis of Registration:  Exam  Endorsement  Other

The individual took the following examination in this state. (If the AICPA grades were modified in any way, explain on the reverse side of this form.)

Exam Date	Law/LPR/BEC	Auditing/AUD	Practice/ARE/REG	Theory/FARE/FAR
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Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above named individual?  
 Yes  No If yes, please attach additional sheet with details.

**Form completed by:**  **Date:**  /  /

**Title:**  **State:**