

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
 FAX #: (608) 251-3036
 Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
 Madison, WI 53705
 E-Mail: 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.

Last Name	First Name	MI	Former / Maiden Name(s)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Address (street, city, state, zip)			
<input style="width:95%;" type="text"/>			
If examinations were taken, indicate state(s) and date(s): <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) 251-3036 or DSPPSCREDACCOUNTING@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: