

Wisconsin Department of Safety and Professional Services

P.O. Box 8935
 Madison, WI 53708-8935
 Phone #: (608) 266-2112

Office Location: 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)

Address (street, city, state, zip code)

If examinations were taken, indicate state(s) and date(s):

Original State of Licensure:	_ _	Credential Number:		Date of Birth:	_ _ / _ _ / _ _
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ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations.

Applicant Signature	Application Number	Date
		_ _ / _ _ / _ _

REGISTRATION AGENCY: Complete this section for the above-named applicant and return directly to the Department using the License Third-Party* Upload Portal at license.wi.gov. You will need the application number shown above. You may email to DSPSCredAccounting@wisconsin.gov. (*For form purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)

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

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

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.

ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT: I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.

Signature: (If unable to provide a digital signature print and sign form.)	Date	
	_ _ / _ _ / _ _	
Printed Name and Title	State	Phone Number
	_ _	_ _ _ _ _ _ _ _ _ _ _ _