INSTRUCTIONS FOR CERTIFICATION BY RECIPROCITY
If you are currently licensed in another jurisdiction, use this form to apply for an Idaho CPA license.

Reciprocity applicants must submit the following:

Completed Application form with photo attached.

Criminal History Records Check Request: Applicants must sign, and submit with their application, the “State of Idaho Bureau of Criminal Identification Consent Release/Indemnification” statement. Do not send payment for this, it is included with the application fee.

Fees: Enclose fees with your application: $175 Application Fee; $120 Active License or $100 Inactive License or $100 Retired License and $20 for a Wall Certificate (optional for Active licensees only.) Fees are non-refundable. DO NOT send the payment for the criminal background check, it is included with your application fee.

All applications and required documents become the property of the Board. If the space provided is insufficient to answer any questions, attach additional sheets. False or misleading statements shall be considered a basis for refusal to grant certification and licensure to the applicant. It shall be the duty of the applicant to familiarize himself/herself with the provisions of the Idaho Accountancy Act and Rules, which are available on the Board’s web site or by contacting the Board office. It is the applicant’s responsibility to notify the Board office in writing of any address changes.

The annual license period is July 1st through June 30th. Idaho does not pro-rate license fees. Your license application will be processed as soon as it’s received. Renewal fees are due by July 1st.
CPA License by Reciprocity

Please check one (all fees are non-refundable):

☐ $315 Active License & Wall Certificate  
   (must currently hold an active license in another jurisdiction)

☐ $295 Active License - No wall Certificate  
   (must currently hold an active license in another jurisdiction)

☐ $275 Inactive License - No wall Certificate  
   (must currently hold an inactive license in another jurisdiction)

☐ $275 Retired License - No wall Certificate  
   (must currently hold a retired license in another jurisdiction)

SSN (LAST 4 DIGITS ONLY): _______ _______ _______ _______

First Name ___________________________ Middle Name ___________________________ Last Name ___________________________ Suffix ___________________________

Date of birth ___________________________ Place of birth ___________________________ Mother’s Maiden Name ___________________________ Your Maiden Name/Previous Last Name ___________________________

Sex ___________ Height ___________ Weight ___________ Eye Color ___________________________ Hair Color ___________________________

Home Phone ___________________________ Work Phone ___________________________ Cell Phone ___________________________ Fax ___________________________

In Care of: ___________________________ ___________________________ ___________________________ ___________________________

Street1: ___________________________ ___________________________ ___________________________ ___________________________

Street 2: ___________________________ ___________________________ ___________________________ ___________________________

City, State, Zip: ___________________________ ___________________________ ___________________________ ___________________________

E-mail Address: ___________________________ ___________________________ ___________________________ ___________________________

In this space, provide a 2” x 2” passport type photograph taken within the last three months, showing your head and shoulders only.

Will you be providing public accounting services in Idaho or for Idahoans?  ☐ YES  ☐ NO  
If Yes:  
Firm Name ___________________________ Address ___________________________

City, State, Zip ___________________________ 

Peer Reviewed Services Offered:  ☐ Audits  ☐ Reviews  ☐ Compilations  
Non-Peer Reviewed Services Offered:  ☐ Taxes  ☐ Financial Statements w/o Reports  

In which states have you applied for the CPA examination or applied for or held a permit to practice accounting?  ___________________________

In which jurisdiction(s) are you currently licensed?  ___________________________

For what period of time did you practice?  ___________________________

Have you ever had a CPA certificate revoked or suspended?  ☐ Yes  ☐ No  
If so, give details: ___________________________

☐ Yes  ☐ No  Have you ever: been charged with; pleaded guilty, no contest or nolo contendere to; been convicted or found guilty of; or been sentenced for any felony or misdemeanor not previously disclosed to this Board in writing?  (Include traffic violations if felony or misdemeanor, but not infractions, such as speeding tickets.)  If yes, provide factual narrative of the situation. Include date, court involved, disposition of case, whether disposition has been fully satisfied, and name and address of the office in possession of the record of the event.  ☐ Yes  ☐ No  Have you had an application for license denied, restricted, suspended or revoked by any state or federal agency or governing or licensing board?  If yes, please provide explanation.  

Statements of this application are true and correct to the best of my knowledge and belief and are made under penalty of perjury.  

Dated ___________________________ Signature X ___________________________ Revised 4/2018  

FOR OFFICE USE ONLY:  ID COURTS  
Record  No Record  Initials ___________________________ Date ___________________________
A $20 processing fee must be included. Each field marked with an asterisk (*) must be completed. A separate form must be used for each request. Do not use staples on the forms. Make checks or money orders payable to the Idaho State Police. A personal check will only be accepted if issued by the requestor or requesting agency. A $20.00 fee will be charged for any returned checks. Please print clearly in blue or black ink only. Illegible forms will be returned for clarification.

REQUEST
Please provide an Idaho Criminal History on the individual named below.

*Last Name

*First Name

*Middle Name

Alias Names (Include Maiden/prior Married Names) Please provide both first and last name.

*Date of Birth (mm/dd/yyyy)

Social Security Number (optional)

LAST 4 DIGITS ONLY

*Sex

*Race

*Address

*City

*State

*Zip

WAIVER
Idaho law does not require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. Any waiver other than this waiver will not be accepted.

I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.

______________________________

*Signature

This signature on the waiver must be within 180 days of the name check submission.

*TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION *

Requesting Person or Company *

Idaho State Board of Accountancy

Address of Requester (Results will be mailed to this address)*

PO Box 83720 – Boise ID 83720-0002

Printed Name of Requester (Print Legibly) *

Sandy Bly

Signature of Requester *

Phone Number of Requester *

208-334-2490

General Information:
Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. Results of a Name Based Criminal Background check cannot be notarized.

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, “A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law.

700 S. STRATFORD DR. STE. 120 • MERIDIAN, ID 83642 (208) 884-7130 • FAX (208) 884-7193

Rev. 04/2018