



IDAHO STATE BOARD OF ACCOUNTANCY

PO Box 83720

Boise ID 83720-0002

Phone (208) 334-2490 Fax (208) 334-2615

E-Mail: isba@isba.idaho.gov

For Office Use Only

Batch _____

Sequence _____

Date _____

Check # _____

Amount \$ _____

APPLICATION FOR LICENSE RENEWAL

July 1, _____ - June 30, _____ Deadline date: July 1st

First Name _____ Middle Name _____ Last Name _____ Suffix _____

DOB _____ Home Phone _____ Work Phone _____ Cell Phone _____ Fax _____
Mailing Address _____ Alternate Address _____

In Care of: _____

Street 1: _____

Street 2: _____

City, State, Zip: _____

E-mail Address: _____

REQUIRED - Requested status for July 1st: Check, money order, cashiers check, or cash can be accepted with this form. No credit card payments will be accepted.

- Active \$120 Inactive \$100 Retired \$100 Lapsed (no fee)

REQUIRED - Do you or your firm provide public accounting services?

- No = PRIVATE: (i.e. Licensees working in Industry, Government, or Academia)
Yes = PUBLIC If Yes: REQUIRED - Type of service provided: (check below)
Peer Review Services Offered: Audits Reviews Compilations Taxes* Consulting*

Firm Name: _____ (Firm Registration Required)

- Non-Peer Review Services Offered: Taxes* Consulting* "Safe Harbor" Financial Statements*

REMEMBER: *Safe Harbor Statements cannot be prepared if your firm does audits, reviews or compilations for any client.

*Tax and/or Consultation may be included with Peer Review or Non-Peer Review services.

REQUIRED - Must Answer Each Question:

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 any disciplinary action against or the denial, restriction, revocation or suspension of a license by any state or federal agency or governing or licensing board since filing your last renewal form?

I certify to the truth and accuracy of statements, answers and representations made by me.

REQUIRED: _____

Signature of Licensee

Date

Email

FAILURE TO RENEW BY JULY 1st WILL RESULT IN A \$100 LATE PENALTY

On August 1st, a non-renewed license will be BOARD LAPSED and must be reinstated to practice public accounting or use the title.