

IOWA ACCOUNTANCY EXAMINING BOARD REINSTATEMENT OF LAPSED LICENSE AS a CPA or LPA	FEE SCHEDULE
Complete form and return with fee to: Iowa Accountancy Board 1920 S.E. Hulsizer Road Ankeny, IA 50021	<input type="checkbox"/> CPA CERTIFICATE (active*) \$200 <input type="checkbox"/> CPA CERTIFICATE (inactive) \$150 <input type="checkbox"/> LPA LICENSE (active*) \$200 <input type="checkbox"/> LPA LICENSE (inactive) \$150
<p><i>Please type or print legibly</i></p> Name:  Other Names Used:	* "ACTIVE " COMPLETE REVERSE SIDE OF THIS FORM AND PROVIDE EVIDENCE OF 120 HOURS OF CONTINUING EDUCATION IN THE THREE YEAR PERIOD PRIOR TO THE DATE OF THIS APPLICATION AND A WRITTEN STATEMENT OF PROFESSIONAL ACTIVITIES WHILE LICENSE WAS LAPSED.
INDICATE CURRENT MAILING ADDRESS BELOW:	Certificate/License Number:
Firm Name: (if applicable)	Original Issue Date:
Address Line 1:	Examination Date:
Address Line 2:	Daytime Telephone: (    ) _____ - _____ Ext _____
City/State/Zip:	Email Address:  Date of Birth: ____/____/____
CERTIFICATE / LICENSE HISTORY	
Since your last renewal/registration have you: a. Been convicted of a felony or crime described in Iowa Code chapter 542.5(2)? <input type="checkbox"/> yes <input type="checkbox"/> no b. Had a professional license of any kind revoked by this or any other jurisdiction as provided in Iowa Code chapter 542.5(3)? <input type="checkbox"/> yes <input type="checkbox"/> no c. Been denied a certificate or license of any kind by this or any other jurisdiction? <input type="checkbox"/> yes <input type="checkbox"/> no d. Had any other form of discipline imposed against any certificate or license? <input type="checkbox"/> yes <input type="checkbox"/> no	
CERTIFICATE / LICENSE STATUS	
1. Do you intend to practice accountancy in the state of Iowa as a CPA or LPA? <input type="checkbox"/> yes <input type="checkbox"/> no 2. Do you intend to use the title "CPA" "Certified Public Accountant " or "LPA" "Licensed Public Accountant" in the state of Iowa? <input type="checkbox"/> yes <input type="checkbox"/> no  If you answered "YES" to either question, you <b>must</b> register as "active" and provide evidence of the required continuing education.  If you answered "NO" to question #2, you may register as "inactive" and sign the following affidavit:  I hereby affirm/attest that I will not provide services defined as the "practice of public accounting" in Iowa while using the title "CPA" or "Certified Public Accountant" or "LPA" or "Licensed Public Accountant".  Signed: _____ Date: _____	
VERIFICATION	
I hereby affirm/attest that the information provided on this form is true and correct to the best of my knowledge.  Signed: _____ Date: _____	



**PAYMENT INFORMATION**

Payment information:

- Check **or**  
 VISA  MASTERCARD  DISCOVER

Payment Amount \$\_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Expiration Month/Year \_\_\_\_\_ / \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

**REQUIRED FOR PROCESSING:**

Social Security Number of Licensee: \_\_\_\_\_

**Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 272J.8(1) and 261.126(1) (2007), and Iowa Code § 272D.8(1) (Supp. 2008). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18 (2007).

The Social Security Number will also be shared on a confidential basis with the National Association of State Boards of Accountancy, pursuant to Iowa Code § 542.4(7) (Supp. 2008), solely for use in a national database of licensees.