

**THREE-YEAR OHIO REGISTRATION APPLICATION FORM**  
**(Valid 10/7/2014 to 12/31/2014)**

ID NUMBER: \_\_\_\_\_

**OHIO REGISTRATION FEE (2015-2017): \$60.00**

**(Make check payable to: Treasurer, State of Ohio and attach it to this form)**

**Have you been convicted of a felony, a misdemeanor an element of which is dishonesty or fraud, or had a civil judgment against you during the past three years? \_\_\_ Yes \_\_\_ No**

**(If Yes, you must submit the appropriate court documents to the Board.)**

**Do you perform audits, reviews, compilations, or other attest work? \_\_\_ Yes \_\_\_ No**

**Do you perform tax work, consulting work, or financial planning as a CPA? \_\_\_ Yes \_\_\_ No**

**You must submit documentation of all continuing professional education (CPE) credit earned and the applicable late filing fee if you renew the Ohio permit after January 2, 2015. Late fees are applicable January 2, 2015.**

**Do you wish to retire your CPA certificate? \_\_\_ Yes \_\_\_ No (Attach reasons for request.)**

**Do you reside and work in another state and hold a CPA license in that state? \_\_\_ Yes \_\_\_ No  
(If you answer "Yes," you may remain in good standing in Ohio based on your other license.)**

**State \_\_\_\_\_ License number \_\_\_\_\_ Expiration date \_\_\_\_\_**

**NAME \_\_\_\_\_**

**EMPLOYER'S NAME \_\_\_\_\_**

**ADDRESS#1 \_\_\_\_\_**

**ADDRESS#2 \_\_\_\_\_**

**CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_**

**TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_**

**E-MAIL ADDRESS \_\_\_\_\_**

**AFFIDAVIT**

**I certify, under penalty of perjury, that all statements on this form are true and correct to the best of my knowledge.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**