

OHIO LATE RENEWAL APPLICATION FORM

**YOU MUST FIRST CONTACT THE ACCOUNTANCY BOARD OFFICE
FOR LATE FEE AMOUNT**

CPA LICENSE # _____

MATERIALS MUST BE POSTMARKED BY: _____

Name: _____

Address: _____

City, State, Zip: _____

Active Permit Required

(In Public Accting)
120 Hours CPE w/l last 3yrs

Active Permit

(Not in Public Accting)
120 Hours CPE w/l last 3yrs

Inactive Registration

0 CPE Required

Total Fee: \$ _____

Total Fee: \$ _____

Total Fee: \$ _____

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

COMPLETE THE SECTION BELOW

Do you perform audits, reviews, compilations, or other attest work? ___Yes ___No

Do you do tax work, consulting work, or financial planning as a CPA? ___Yes ___No

You must submit documentation of all continuing professional education (CPE) credit earned. The CPE requirement is 120 hours within the last three years.

Do you wish to retire your CPA certificate? ___Yes ___No

PLEASE BE ADVISED THIS IS A FINAL ACT.

If you change your mind, you must petition the Board for reinstatement.

NAME _____

EMPLOYER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ CELL _____

E-MAIL ADDRESS _____

DATE

SIGNATURE