

**WYOMING BOARD OF CPAs
2020 CAREY, SUITE 702
CHEYENNE, WYOMING 82002-061**

REQUEST FOR STATUS EXEMPTION

Personal Information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Certificate No. _____

Certificate holders who would otherwise be required to maintain the certificate on active or inactive status may request an exemption from these requirements in certain circumstances. Examples: Providing volunteer services through the VITA program (documentation required); certificate holder is duly licensed by another Wyoming regulatory board (such as the BAR), does not perform attest or compilation services, and does **NOT** use the CPA designation in any manner; applicant is a non-resident who is attempting to obtain a license in another state; or cases of individual hardship or other good cause.

Please respond to all questions:

1. I currently maintain my certificate on the following status: Active Inactive Retired.

2. Do you provide any of the following services to any employer, client, or other party:
Audits, reviews, compilations, tax preparation, tax advice, management advisory services,
consulting services, litigation support (including but not limited to expert witness testimony), peer
reviews, any other type of accounting service including recording and summarizing financial
transactions (including bookkeeping), budgeting, analyzing and verifying financial information, or
reporting financial results? Yes No

3. Do you provide these services within the state of Wyoming? Yes No

4. I want to maintain my certificate on the following status: Active Inactive Retired

5. Please explain in detail why you believe you should be exempted from the requirements to maintain
a particular status (attached additional pages as needed):

I hereby certify, under penalty of perjury, the information in this application is true and correct to the best of my knowledge. This request is subject to review by an application committee pursuant to Chapter 1, Section 11.

Signature

Date