

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

REQUEST TO PLACE CERTIFICATE ON INACTIVE/RETIRED STATUS

Please provide as much detail as possible. Please type or print. Attach additional pages if necessary. Do you provide any of the following services to any employer, client, or other party whose home office is in Wyoming? Audits, reviews, compilations, tax preparation, tax advice, management advisory services, consulting services, litigation support (including but not limited to expert witness testimony), peer reviews, bookkeeping services, or any other type of accounting service including recording and summarizing financial transactions, budgeting, analyzing and verifying financial information, or reporting financial results?

No Yes If yes, **STOP!** you may not place the certificate on inactive or retired status. If your principal place of business is not in Wyoming, you may qualify for practice privileges - see the mobility checklist on the website.

CHECK ONE: Are you requesting inactive status _____ or retired status _____ (age 55 or disabled-include \$50 one-time fee).

Personal Information:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Certificate No. _____
Email Address: _____

Check here if you are self employed and the address is the same as above. If you check here, you may skip the employer information section. If unemployed check here _____.

Employer Information:
Name: _____
Employer Address: _____
Employer City: _____ State: _____ Zip: _____
Employer Phone: _____
Name of Supervisor: _____

What are your job Duties? _____

Please describe why you believe you should **not** be required to maintain active status.

I hereby certify that the information in this application is true and correct to the best of my knowledge. The Board may contact my employer to verify this information.

Signature

Date