

State of Wyoming
Board of Certified Public Accountants



2020 Carey Ave., Ste 702
Cheyenne, WY 82002-0610
Ph: (307) 777-7551 Fax: (307) 777-3796
<http://cpaboard.state.wy.us>

EXAMINATION APPLICATION

Board ID: _____

PERSONAL INFORMATION: If you elect to include your name on mailing lists, the mailing address will be used for those purposes.

Use the name that appears on your photo identification and submit a copy of the ID with this application.

Last Name: _____ First Name: _____ Middle Name: _____

Maiden/Previous name: _____ Mother's Maiden Name: _____

SSN: _____ (Required by W.S. 33-1-114) Date of Birth: _____ Title: Mr. Mrs. Ms. Miss

Physical Address: _____ Mailing Address if different: _____

City: _____ State: _____ Zip: _____ Contact Phone: _____

Email Address: _____ **Are you a Wyoming Resident?** YES NO

** I prefer to be contacted at the above: Email Address Mailing Address

The completed, signed application, proof of identity, application fee, and official transcript must be received in the Board's office before this application will be processed. If this is a re-exam application, do not send another official transcript unless there have been changes to it since you initially applied. **Application fees are non-refundable.** Fees for all examination parts applied for must be submitted directly to NASBA after receipt of the Payment Coupon before an appointment to test for any one part can be scheduled. See <http://cpaboard.state.wy.us/fees.aspx> for more information.

EMPLOYER INFORMATION: (if applicable)

Employer Name: _____

Employer Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Other Email: _____

Exam sections I am applying for: AUD BEC FAR REG All Sections

- Do you have any impairments requiring special accommodations to take the examination? YES NO
If yes, please complete the required forms and submit them with this application (see instructions).
- I wish my name to be included on mailing lists to public vendors: YES NO
- I hereby authorize the Board to release personal information collected on this application to the National Association of State Boards of Accountancy (see instructions for more information). YES NO

Re-examination candidates, sign this page and submit to the Board office. Initial and transfer applicants, continue to and complete page 2.

I hereby certify that the information provided in this application is correct to the best of my knowledge. I further certify that I am of good professional character and have never been convicted of a felony or any other crime, the basis of which is fraud or dishonesty.

Signature: _____ Date: _____

ALL WYOMING CANDIDATES MUST TAKE SCHEDULED EXAMINATION SECTIONS WITHIN SIX (6) MONTHS OF THE DATE OF THE NOTICE TO SCHEDULE (NTS) ISSUED BY NASBA. FAILURE TO DO SO WILL RESULT IN THE EXPIRATION OF THE NTS AND LOSS OF ALL FEES PAID.

HISTORY INFORMATION:

Have you ever taken a Uniform CPA Examination? YES NO

If yes, list the dates and the states where the examination was taken, regardless of whether you earned credit for any sections or not:

Have you ever been convicted of a felony or any crime, an element of which, is dishonesty, fraud, or gross negligence?

YES NO

If yes, attach a factual description including date, court involved, disposition of case, and the name and address of the office in possession of the record of the event.

EDUCATION REQUIREMENTS: Applicants must have completed 150 semester hours of college education including a baccalaureate or higher degree conferred by a college or university acceptable to the board, the total educational program to include an accounting concentration or equivalent evidenced by completion of at least 24 semester hours in upper division or graduate level accounting courses (excluding principles or introductory accounting) and 24 semester hours of business courses at the undergraduate or graduate level.

Official transcripts must be submitted directly to the Board office.

List the colleges or universities attended as indicated below:

Dates Attended	Educational Institution	Degree Granted & Date Granted	Accounting Hours	Business Hours

AFFIRMATION: I hereby certify that the statements made in this application are correct to the best of my knowledge and belief; I further certify that I am of good professional character and have never been convicted by any court or other body of a felony, except as disclosed above; that I will comply with the Laws and Rules of the Wyoming Board of CPAs; that I have not suppressed any information which might have bearing upon this application; and that I have read and understand this affidavit. I acknowledge that I am aware that the Uniform CPA Examination is secure and that disclosure of any information concerning examination questions constitutes a violation of the Wyoming Board of CPAs Rules and Regulations and may result in disqualification for further examination and/or certification.

Signature: _____ Date: _____