

Colorado Division of Registrations
Office of Licensing—Accountancy
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800
FAX: (303) 894-7693
www.dora.state.co.us/registrations

APPLICATION FOR RETIRED STATUS CERTIFICATE—CERTIFIED PUBLIC ACCOUNTANT

APPLICANT INSTRUCTIONS

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. The affidavit is available on our website at www.dora.state.co.us/registrations/SSNAffidavit.pdf, or you may call (303) 894-7800 to request that one be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, licenses, and certificates are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

APPLICANT CHECKLIST

To apply to change your **Certified Public Accountant** certificate to **RETIRED** status:

- Submit a completed application.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application-processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars and made payable to *State of Colorado*. All fees are non-refundable and subject to change every July 1.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued certificate, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Accountancy
1560 Broadway, Suite 1350
Denver, CO 80202

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Colorado CPA Certificate Number: _____ Status: _____

Original Issue Date: _____ Expiration Date: _____

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	Date of Birth: (mm/dd/yyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (city and state, or foreign country):			
Mailing Address:		PO Box, Street:	
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business		City, State, Zip:	
Daytime Telephone Number: ()		E-mail Address:	
		Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	
List states (jurisdictions) where you hold a CPA certificate. Include issue date for each certificate:			

PART 2—ELIGIBILITY FOR RETIRED STATUS CERTIFICATE

Are you at least 55 years old and have you held a CPA certificate in good standing from any state for a total of 15 years? YES NO

PART 3—SCREENING QUESTIONS

Provide a full explanation on a separate sheet of paper for each "YES" answer to the screening questions below.

- Has there ever been any disciplinary action taken against your Colorado CPA certificate or any CPA certificate held in another state or jurisdiction? YES NO
- If you currently hold an expired or inactive certificate, do you assume or use the title or designation "certified public accountant" or the abbreviation "CPA"? YES NO
- If you currently hold an expired or inactive certificate, do you use any other titles, designations, words, letters, abbreviations, signs, cards, or devices tending to indicate that you are a certified public accountant? YES NO
- Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a CPA safely and competently? YES NO

***Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting disciplinary actions to the National Practitioner Data Bank pursuant to 45 CFR §§ 60.1 et seq., and the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. I further state that I have read all disclosures contained in the application packet including the one related to social security numbers.

I understand that I may perform volunteer accounting-related services for which I shall receive no direct or indirect compensation as long as I do not sign any documents, related to such services, as a Certified Public Accountant (CPA), and that I may be styled and known as a "Retired Certified Public Accountant" or a "Retired CPA."

Signature

Date