



ORIGINAL CERTIFICATE APPLICATION

Board ID: _____

Refer to the [Certificate Instructions](#) and Current Licensing and Permit Fees documents for specific requirements applicable to this application. No person may assume or use the CPA designation in Wyoming in any manner unless the person has been issued a Wyoming Certificate, or he/she meets requirements of Chapter 10 of Board Rules.

PERSONAL INFORMATION

Unless you elect to use your employer's address (see below), all correspondence will be sent to this address and this address will be accessible on the Board's website. Your certificate will be printed with the information below. **ALL FIELDS MUST BE ANSWERED.**

Last Name: _____ First Name: _____

Middle Name: _____ Maiden/Previous name: _____

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

Mailing Address: _____ Home Address (if different): _____

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

Cell Phone (if different): _____ Email Address: _____

The following materials are provided only via email. Please mark those you wish to receive:

Board Meeting Agendas Public Notices

1. Is Wyoming your principal place of business? YES NO

1a. If no, please provide the two digit code which represents the state of your principal place of business: _____

1b. If no, do you have any clients whose home office is located in Wyoming or do you have an office location in Wyoming? NO YES

2. Have you ever held a certificate in any state or jurisdiction, other than Wyoming? NO YES

2a. If yes, where? _____

3. Do or will you provide compensated accounting services in Wyoming outside of your primary employment?

NO YES

3a. If yes, what is the name of the firm? _____

4. Are you an active military service member? NO YES

5. Are you a spouse of an active duty military service member? NO YES

EMPLOYER/BUSINESS INFORMATION

The following information should represent your principal place of business.

Employer/Business Name: _____

Employer/Business Physical Address: _____

Employer/Business Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Phone: _____ Other Email: _____

Business Type: Academia Government Industry CPA Firm (complete question 6 below)

6. Does this firm currently hold a Wyoming permit? YES NO (If no, see the firm instructions to determine if your firm is required to register in Wyoming.)

6a. Are you the Designated Certificate Holder (DCH) responsible for this firm in Wyoming? YES NO

CPA EXAM

7. Did you pass the CPA Exam as a Wyoming candidate? YES NO (If yes, continue to page 2 of the application.)

7a. Please provide the two digit code of the state in which you passed the CPA Exam: _____

If you did not pass the CPA Exam as a Wyoming Candidate, please contact the Board in the state in which you passed the exam to have the scores [transferred](#) to Wyoming. You will also need to request [all official transcripts](#) to be sent directly to the Wyoming Board office.

Form Received (For Office Use Only) Transcripts Received (For Office Use Only)

AICPA ETHICS COURSE

Include certificate of completion of the AICPA's 8-hour approved ethics examination – contact the AICPA Professional Ethics Examination Department at 1-888-777-7077 or www.AICPA.org for ordering instructions. The exact name of the course is Professional Ethics: AICPA's Comprehensive Course. Be sure to select the course for licensure.

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EXPERIENCE

Each applicant must provide evidence of completion of the experience requirements outlined below based on W.S. 33-3-109 (a)(v)(D). See the instructions and Chapter 3 of Board rules and regulations.

Experience in CPA Firms, industry, government, and academia qualifies; 2,000 hours constitutes one (1) year. Experience must be attested to by an active CPA, or through equivalent experience as determined by the Board.

If experience can be attested to by an Active CPA in a CPA Firm, Industry, or Government, complete the top portion of the [Employer Affirmation](#) form, then have the CPA(s) fill out the remainder and **mail it directly to the Board office**. If the experience can be attested to by an Active CPA in Academia, then have the CPA(s) complete both the [Employer Affirmation](#) form and the [Teaching Experience Affidavit](#) form and **mail it directly to the Board office**.

If the experience cannot be attested to by an Active CPA, you must complete the top portion of the [Equivalent Experience Verification](#) form and have your direct supervisor or appropriate official fill out the remainder and **mail it directly to the Board office**. Applicants qualifying under "Equivalent Experience" must also submit representative samples of work for review by an application review committee of the Board. Work samples must be legible in order for the committee to assess work experience and whether it meets minimum requirements under W.S. 33-3-109 (a)(v)(D).

Experience Type	CPA/Supervisor Name	Firm/Employer Name	State(s) Currently Licensed (if applicable)	Form Received (For Office Use Only)
				<input type="checkbox"/>

SELF REPORTABLE EVENTS INFORMATION

All applicants must respond to the following questions. If you answer yes to any of them, you must complete and attach the [Self Reporting Certificate](#) form.

8. Have you ever been convicted of a felony or any crime an element of which is dishonesty or fraud? YES NO

9. Have you had any application for a certificate or license denied or a certificate or license suspended, cancelled, censured, fined, reprimanded, revoked or sanctioned in any other manner by any state or federal agency for any cause other than failure to pay a fee? YES NO

10. Have you ever been censured, reprimanded, fined, received probation, had a civil penalty imposed, or entered into a consent decree or order with any state board of accountancy, the Securities Exchange Commission, the Public Company Accounting Oversight Board, the Internal Revenue Service, or any foreign regulatory body that regulates accounting? YES NO

11. Have you had any judgement or settlement in a civil suit or arbitration totaling more than \$150,000 and based upon an allegation of dishonesty, fraud, or gross negligence in the practice of accounting, or any action that would constitute a violation of the rules of professional conduct promulgated by the Board? YES NO

VERIFICATION OF LAWFUL PRESENCE

Please include the [Verification of Lawful Presence](#) form and appropriate identification documentation. Applications received without the proper documentation will not be processed and will remain pending until documentation requirements are satisfied.

Form Received (For Office Use Only)

AFFIRMATION

INDIVIDUALS MAY NOT HOLD OUT AS A CPA IN WYOMING UNTIL A CERTIFICATE IS ISSUED.

I understand that I may be required to submit representative samples of work product if my work experience has not been verified by a supervisor who holds an active status CPA certificate in some state. I hereby certify, under penalty of perjury, that the information provided on all applicable pages of this application is correct to the best of my knowledge.

Applicant Signature: _____

Date: _____