

ARIZONA STATE BOARD OF ACCOUNTANCY
100 North 15th Avenue, Suite 165
Phoenix, Arizona 85007

Phone: (602) 364-0804
Fax: (602) 364-0903
www.azaccountancy.gov



REQUEST FOR SUPERVISOR LICENSURE VERIFICATION
(For CPA Supervisors NOT licensed in Arizona)

You are advised to check with the Board before forwarding this form to determine if there are additional requests and/or fees charged before such information will be released.

To the State Board of _____

Please verify licensure for _____
(supervising CPA)

During the following time frame: from _____ to _____

Applicant:
Complete Section @
Bottom of Page

TO BE COMPLETED BY THE STATE BOARD:

Mr./Ms. _____ had an active

- Certificate # _____
 License to practice # _____

- The certificate/license was held during the above mentioned time frame.
 The certificate/license was not held during the above mentioned time frame, it was held from _____ to _____.

Was experience required for the certificate/license? Yes No

Please provide any additional information you may have regarding disciplinary actions relating to this license/certificate.

Official Seal

State Board

Signature

Title

Date

Please return this page to the applicant listed below for Arizona certification. **DO NOT** send to the Arizona State Board of Accountancy.

Name of applicant _____
Address _____
