



INTERSTATE EXCHANGE OF INFORMATION FORM

This form authorizes state boards of accountancy to exchange the following information:

- CPA Examination score information
- Licensure status of the applicant.

You are encouraged to contact the accountancy board that will complete this form to determine if processing fees will be assessed. You must complete the personal information portion in Section I then forward the form to the appropriate state board for completion.

A separate form must be completed by the board of accountancy in each state in which you hold or have held a license or certificate. **The respective board will, in turn, complete the remainder of the form and mail it directly to the New Mexico Public Accountancy Board in a sealed envelope or electronically to Accountancy.Board@state.nm.us.**

This form is being used to verify (please check one or both):

- Examination score information (Section II) Licensure status of the applicant (Section III)

SECTION I – PERSONAL INFORMATION

To Be Completed by the Applicant

Last Name First Name MI Other Name(s) Used

Street or P.O. Box City State Zip Code

Date of Birth (MM/DD/YYYY)

Cell Telephone Number

Certificate Number/State of Issue

Daytime Telephone Number

I hereby request and authorize the _____ Board of Accountancy to provide any and all pertinent information requested in this form to the New Mexico Public Accountancy Board to complete an application filed with that agency. I agree that the State Board may confirm the grades issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants.

Applicant Signature

Date





THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY BOARDS OF ACCOUNTANCY ONLY.

SECTION II – EXAMINATION SCORE INFORMATION

The following are grades awarded on the Uniform CPA Exam(s) for _____, as reported by the AICPA Advisory Grading Service:

Date of Exam	Candidate I.D. Number	AUD/ Audit	BEC/ LPR	FAR/ FARE	REG/ ARE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

1. Was the applicant ever denied admission to the Exam? YES [] NO []
If yes, please explain the circumstances below. Also explain if any grades were changed, if an exam other than the Uniform CPA Exam was used, or any reason why the grades should not be accepted.

2. If the candidate has not completed the Uniform CPA Exam, are there any restrictions preventing him/her from sitting for the exam in your state? YES NO

3. If the candidate has not passed all parts of the CPA Exam, indicate the expiration date of those parts that have been passed and for which parts credit has been awarded?

SECTION III – CERTIFICATION/LICENSURE STATUS OF THE APPLICANT

Certificate Information

1. The applicant was granted _____ initial or _____ reciprocal CPA certificate number, _____ an issued on _____ (MM/DD/YYYY) which is in good standing unless otherwise noted below.

2. The applicant has completed an AICPA Ethics Examination? Yes No

Score (%) Date Developed and Graded by: AICPA State Board of Accountancy



License/Permit to Practice Public Accounting Information

Yes No

1. This state is a two-tier state.
2. The license/permit from this Board is in good standing. Expiration date:
3. The applicant is currently licensed to engage in the practice of public accountancy.
4. Has there ever been any disciplinary action instituted against the applicant? If yes, please explain below
5. If the applicant does NOT hold a license issued by your Board, please indicate the requirements to be met for issuance or reinstatement:

License not required

Complete acceptable accounting/auditing experience

Pay appropriate fee

Complete continuing professional education requirements

Other (please specify)

OFFICIAL SIGNATURE OF VERIFYING BOARD

BOARD SEAL REQUIRED

Name of Board/Agency

Representative Printed Name

Board Representative Signature

