

## AUTHORIZATION FOR LICENSURE INFORMATION

Department of Professional and Financial Regulation  
 Office of Professional & Occupational Regulation  
**Maine Board of Accountancy**  
 35 State House Station  
 Augusta, ME 04333  
 207/624-8672  
 207/624-8636 Fax  
 Email: [accountancy.board@maine.gov](mailto:accountancy.board@maine.gov)

Last Name:	First Name:	Middle Name:	
Mailing Address:			
City:	State:	Zip Code:	
Social Security Number:		Certificate Number, if Applicable:	
Date of Birth: ____/____/____		Home Telephone: (____)____-____	
		Work Telephone: (____)____-____	

I hereby request and authorize the \_\_\_\_\_ Board of Accountancy provide any and all pertinent information requested in this form to the Maine Board of Accountancy to complete an application filed with that agency.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY WHERE THE ABOVE NAMED CERTIFIED PUBLIC ACCOUNTANT IS CERTIFIED AND MAILED DIRECTLY TO THE MAINE BOARD OF ACCOUNTANCY AT THE ABOVE ADDRESS.**

**LICENSE TO PRACTICE PUBLIC ACCOUNTING**

1.  Yes  No The license/permit from this Board is in good standing and expires \_\_\_\_\_.
2.  Yes  No The applicant is currently licensed to engage in the practice of public accounting.
3.  Yes  No Has there ever been any disciplinary action instituted against the applicant? If yes, please explain.

Official Board Seal

\_\_\_\_\_  
 Board/Agency

\_\_\_\_\_  
 Official Signature

\_\_\_\_\_  
 Title Date