



Arkansas Resident Initial Exam Support Program (ARIES) REIMBURSEMENT REQUEST FORM

NAME _____

HOME ADDRESS: _____

_____ CITY STATE ZIP CODE

EMAIL ADDRESS: _____

TELEPHONE: BUSINESS () _____ RESIDENCE () _____

INITIAL EXAM APPLICATION DATE: _____

INITIAL EXAM SECTION(S) APPLIED FOR _____

NATIONAL CANDIDATE ID _____ JURISDICTION ID _____

ARKANSAS RESIDENT QUALIFICATION DOCUMENTATION:

- Arkansas Driver's License
- Employment Offer Letter from an Arkansas-based Company

I certify that the information above is true and accurate, that I am an initial applicant for the Uniform CPA Examination, that I applied for the CPA exam with Arkansas as my jurisdiction, that I am an Arkansas resident with a valid Arkansas driver's license or that I have an employment offer letter from an Arkansas-based company dated within one year of my initial exam registration, that I will submit the proper and appropriate Arkansas Resident Qualification documentation with this application, and that I am eligible for reimbursement of the section fee for one exam through the Board's ARIES program.

SIGNATURE: _____

DATE: _____