

ARKANSAS STATE BOARD OF PUBLIC ACCOUNTANCY

900 West Capitol, Suite 400, Little Rock, AR 72201 (501) 682-1520 www.asbpa.arkansas.gov

AFFIDAVIT FOR CPE EXEMPTION AND INACTIVE CPA/PA STATUS

I,(Type or Print Licensee's Full Name in Ir	, hereby	advise the Arkansas State	e Board of Public Accountancy tha
	ice public accountancy and change my	certificate from Active t	to Inactive status for the following
reason:			
more kinds of services involving the have I performed or offered to perfo	performed or offered to perform for the use of accounting or auditing skills, in rm for the public services including pr (date must preced	cluding the issuance of a	reports on financial statements, nor or the furnishing of advice on tax
including "Inactive" adjacent to the that by making this election I cannot	up the right to use the title of certified use of the title which includes the abbit perform or offer to perform for the pueq. I further certify that I have read an	eviations CPA, PA and t blic any of the services l	the word Accountant. I understand listed in the previous paragraph
basis and pay the renewal fees asses practice of public accounting I must	5 of the Accountancy Law, I must consed by the Board. I further understand file a form prescribed by the Board annumber of Continuing Professional Ed A or using the CPA title.	that to convert to licensed submit the appropriate	e to practice or to resume the fee(s) for active status (license to
improperly performing services for t	lation of A.C.A. § 17-12-505 of the A he public and/or using my credential i A. § 17-12-601 et seq. or § 17-12-105	the State of Arkansas s	
Signature	Certificate	Number	Date
Street Address	City	State	Zip
Email Address			

Please do not use this form to update your contact information. To update this information with the Board, please see our website at www.asbpa.arkansas.gov/licensing and follow the link for "Address Changes."