

ARKANSAS STATE BOARD OF PUBLIC ACCOUNTANCY 900 West Capitol, Suite 400, Little Rock, AR 72201 (501) 682-1520 www.arkansas.gov/asbpa

AFFIDAVIT FOR RETIRED CPA/PA STATUS

Licensee's Full Name:(Type or Print in Ink)	
Date of Birth: / /	Certificate Number:
Home Address:	Home: ()
City/State/Zip:	Cell: ()
E-Mail:	Fax: ()
Board of Public Accountancy that I am at least 55 years old at work" as defined in Board Rule 13.8(C) and do not intend to associated with accounting work. I understand that, by making this election, I cannot: 1) Perform or offer to perform for compensation an 2) Represent to the public or any other party that is services or products involving accounting work; 3) Offer testimony in a court of law, purporting to have or management services; or	y services as set forth in Board Rule 13.8(C)(1); I am a CPA or PA in connection with the sale of any ave expertise in accounting and reporting, auditing, tax, or in a similar governance position, unless the service arity, civic, and or not-for-profit organization.
I further understand that to convert to an active (license to public accounting, I must file a form prescribed by the Board status and comply with the Continuing Professional Education	and submit the appropriate fee(s) for active or inactive on provisions of Board Rule 13.7(d) if applicable.
Additionally, I understand that a violation of the Account improperly performing services for the public and /or using to disciplinary action by the Board pursuant to A.C.A. § 17-	my credential in the State of Arkansas shall be subject

Date

Signature