

**DEPARTMENT OF CONSUMER AFFAIRS**

CALIFORNIA BOARD OF ACCOUNTANCY
2000 EVERGREEN STREET, SUITE 250
SACRAMENTO, CA 95815-3832
TELEPHONE: (916) 263-3680
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WEB ADDRESS: <http://www.cba.ca.gov>



**Request for the Board's Acknowledgment of Licensee's
Completion of Attest Experience
Form 11A-31 (Revised 4/05)**

Purpose: To inform the Board that a licensee originally issued a license to perform general accounting services is now requesting the Board's acknowledgment of the completion of attest experience.

Applicability: Type F licensees originally issued a license to perform general accounting services who have now completed attest experience (see reverse).

Required Action: Complete the document in its entirety, affix a 2" x 2" passport size photo, and submit with a fee of \$25 payable to the California Board of Accountancy.

When: Upon obtaining a minimum of 500 hours of attest experience, documented on an affirmatively completed Certificate of Experience.

Submit To: California Board of Accountancy
2000 Evergreen Street, Suite 250
Sacramento, California 95815-3832

Authority: Business and Professions Code Section 5095.

Comments: Upon receipt of the Board's certification acknowledging you have satisfied the experience requirements of Business and Professions Code Section 5095, and of Title 16, California Code of Regulations Section 12.5, you shall be authorized to sign reports on attest engagements.

TYPES OF LICENSURE APPLICANTS

- Type A An applicant who **passed the Uniform CPA Exam in California** and is applying for licensure as a CPA in California for the first time.
- Type B An applicant who **passed the Uniform CPA Exam in a state other than California** and has not been issued a valid license to practice public accounting in any state and is applying for licensure as a CPA in California for the first time.
- Type C An applicant who **passed the Uniform CPA Exam in a state other than California** and was issued a valid license to practice public accounting in a state other than California.
- Type D An applicant who **previously was licensed as a CPA in California** and the certificate was cancelled after five years for nonpayment of license renewal fees.
- Type E An applicant who **passed the** Canadian Chartered Accountant Uniform Certified Public Accountant Qualification Examination (**CAQEX**) of the American Institute of Certified Public Accountants (AICPA) **or** the International Uniform Certified Public Accountant Qualification Examination (**IQEX**) of the AICPA and the National Association of State Boards of Accountancy (NASBA).
- Type F A California licensee originally issued a license to perform general accounting services who has now completed attest experience.



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**REQUEST FOR THE BOARD'S ACKNOWLEDGMENT OF
 LICENSEE'S COMPLETION OF ATTEST EXPERIENCE
 (TYPE F Applicant)**

— READ INSTRUCTIONS CAREFULLY —
\$25 PROCESSING FEE

1. Full name (no initials) _____
Last

_____ First _____ Middle

2. Have you ever been known by any name other than the one above? Yes No
 List other name(s) _____

3. Residence address _____
Street and Number

_____ City _____ State _____ Zip Code

4. Telephone No. () () _____
Area Code Office Number Area Code Home Number

5. Birthdate _____ 6. License Number _____

7. E-mail Address _____

8. Current occupation _____

9. Current employer's name _____

10. Employer's address _____
Street and Number

_____ City _____ State _____ Zip Code

In this space, glue a recent
 2" X 2" passport size and
 quality photograph
 showing only your head
 and shoulders

DO NOT WRITE IN THIS SPACE

License No. _____

License Status _____

Date Issued _____

11. A CERTIFICATE OF ATTEST EXPERIENCE MUST BE SUBMITTED DOCUMENTING YOUR ATTEST EXPERIENCE.

List below, in chronological order, all public and non-public experience for which you will have a Certificate of Attest Experience (CAE) submitted. The CAE must be signed by a licensee supervisor authorized to perform attest services and must be submitted directly to the California Board of Accountancy.

POSITION	FROM	TO	EMPLOYER	Public (P) Non-Public (NP)	MAILING ADDRESS

CERTIFIED TRUE STATEMENT

I hereby certify, under penalty of perjury under the laws of the state of California that all statements, answers, and representations on this form, and all attachments, are true, complete, and accurate.

Date _____

Signature _____

MISREPRESENTATION ON THIS DOCUMENT IS CAUSE FOR DISCIPLINARY ACTION UNDER BUSINESS AND PROFESSIONS CODE SECTION 5100.

PERSONAL INFORMATION COLLECTION AND ACCESS

The information provided in this form will be used by the California Board of Accountancy (CBA), to determine qualifications for a Certified Public Accountant License. Business and Professions Code (BPC) sections 27, 141, 480, 5019, and 5080 through 5095 authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete.

Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the CBA, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24.

Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act.

Disclosure of your social security number or individual taxpayer identification number is mandatory and collection is authorized by BPC section 30 and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your social security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your social security number, you may be reported to the Franchise Tax Board (FTB) and be assessed a penalty of \$100.

Effective July 1, 2012, the State Board of Equalization (BOE) and the FTB may share taxpayer information with the CBA. You are required to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies.

Your name and residence address or alternative address ("address of record") listed on this application will be disclosed to the public upon request through license verification on the CBA website, if and when you become licensed per BPC section 27.

The Executive Officer of the CBA is responsible for maintaining the information in this application, and may be contacted at 2000 Evergreen Street, Suite 250, Sacramento, CA 95815, telephone number (916) 263-3680 regarding questions about this notice or access to records.