

## INTERSTATE NOTIFICATION OF VERIFYING CPA'S LICENSE

This form authorizes state boards of accountancy to exchange the following information:

- The license status of the applicant's verifying CPA

**You are encouraged to contact the accountancy board that will complete this form to determine if processing fees will be assessed.** You must complete the personal information portion in Section I, and your verifying CPA must complete the information in Section II and sign the form. Forward the form to the appropriate state board for completion. **The respective board will in turn, complete the remainder of the form and mail it directly to the New Mexico Public Accountancy Board at the above address in a sealed envelope.**

### SECTION I – PERSONAL INFORMATION

#### To Be Completed by the Applicant

Last Name	First Name	MI	Other Name(s) Used
Street or P.O. Box	City	State	Zip Code
Date of Birth (MM/DD/YYYY)	Cell Telephone Number		

### SECTION II – VERIFYING CPA INFORMATION

#### To be Completed by the Verifying CPA

Name as it Appears on Certificate	Certificate Number	State of Issuance
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I hereby request and authorize the \_\_\_\_\_ Board of Accountancy to provide any and all pertinent information requested in this form to the New Mexico Public Accountancy Board to complete an application filed with that agency for the above-named applicant.

CPA Signature	Date
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