



STATE OF NEW HAMPSHIRE

Board of Accountancy

NH Office of Professional Licensure & Certification
 343 UHw Utgg, Suite 201
 Concord, NH 03301
 603-271-2219 (P) 603-271-7928 (F)

APPLICATION FOR INACTIVE STATUS FORM

\$275.00 Application Fee

The application must be filled out completely and typewritten Check Payable to "Treasurer, State of NH" or complete the enclosed credit card form **(Non-Refundable Fee)**

1. General Information

| | | |
|--|---------|------------------|
| Name | | |
| Last | First | Middle |
| <input type="checkbox"/> Residence Address | | |
| State/Province | Country | Zip/Mailing Code |
| Business Name | | |
| <input type="checkbox"/> Business Address | | |
| State/Province | Country | Zip/Mailing Code |
| Indicate mailing address by check box | | |

| | |
|---|--|
| Certificate Number | Email |
| Business Phone | Home Phone |
| 2. General Information questions Please answer questions below: | Choose one: |
| 1. I will not practice public accounting during the next 3 years | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I will not hold myself out as a currently practicing CPA or PA nor will I knowingly allow anyone else to do so; and | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I will notify the Board at least 30 days prior to the proposed date of re-entry into practice; and | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I will satisfy all CPE requirements that would have been applicable had I remained active in practice, up to 120 hours, should I re-enter into practice; and | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I attest that the information contained in this application is true and correct to the best of my knowledge and belief

Date _____

 Signature of Applicant

Credit Card Sheets are not accepted via e-mail.

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Fax: 603-271-7928

This page will be destroyed after the transaction has taken place.

| | | | |
|---|--------|-------------|-------------------|
| Transaction Type: | | Amount Due: | |
| Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard (required) | | | |
| Card Number | | | (required) |
| Expiration Date: | Month: | Year: | (required) |
| Billing Name and Address (your billing address must match the address associated with the credit card you are using.) | | | |
| Name on Card: | | | |
| Billing Address: | | | |
| City: | | | |
| State/Province: | | | |
| Zip/Postal Code: | | | |
| Country: | | | |
| Authorization Signature : | | | |