



STATE OF NEW HAMPSHIRE

Board of Accountancy

NH Office of Licensure and Certification
 7 Eagle Square
 Concord, NH 03301
 Phone (603) 271-2152 Fax (603) 271-7928

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.

Credit Card sheets can be faxed to 603-271-7928 or
mailed to Board of Accountancy, 7 Eagle Square, Concord NH 03301

**You may pay your fee with a credit card by filling out this form.
This page will be destroyed after the transaction has taken place - Please single sided use
only**

Profession:	Amount Due:
Licensee Name:	License Number:
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 :	

Rev. 3/21

DO NOT EMAIL THIS FORM

Revised August 2019-16