



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
**Board of Accountancy**  
 7 Eagle Square, Concord, NH 03301  
 Phone (603) 271-2152

**APPLICATION FOR INACTIVE STATUS**  
**\$275.00 Application Fee**

The application must be filled out completely and typewritten.  
 Include Check Payable to "Treasurer, State of NH" (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 |
|                    |            |

|                                                                                                                                                                 |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>2. General Information questions</b>                                                                                                                         | <b>Choose one:</b>                                       |
| Please answer questions below:                                                                                                                                  |                                                          |
| 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