DO NOT WRITE IN THIS SPACE

Date received _____
Date approved _____
Effective date _____
Termination date _____

STATE BOARD OF CPAs OF LOUISIANA
601 Poydras Street, Suite 1770
New Orleans, La 70130
(504) 566-1244

APPLICATION FOR A PROVISIONAL LICENSE TO PRACTICE IN LOUISIANA FOR A LIMITED TIME

Please complete the top portion and (revere side/second page and send the application to the state of original certification for completion of the segment below before returning to this office. When all sections of this application have been completed, return the form, with a check for the application fee in the amount of $100, payable to the *State Board of CPAs of Louisiana*.

The undersigned hereby applies for permission to practice in Louisiana for a period not to exceed 90 days.

Full Name _____

Address _____

Phone Number (_____) _____ Fax Number (_____) _____

Employment:

Partner/Shareholder/Member of _____ Firm

Individual Practitioner _____

Name of Client _____

Address of Client _____

License request from (90 days) _____ to _____

Month Day Yr Month Day Yr

Date _____ Signature _____

_____ **(OVER)** _____

THIS SECTION TO BE COMPLETED BY HOME STATE BOARD OF ACCOUNTANCY

This is to certify that the firm of _____ is a CPA firm, licensed to practice public accounting as an individual/partnership/professional corporation, LLP or LLC in the state of _____ and the license to practice is in good standing through _____.

- OR -

If your Board does not license firms, please verify the good standing of the following partners/shareholders/members with the above named firm:

Name	Certificate Number	Expiration of License

Signature _____

Title _____

S E A L

State Board _____

Date _____

A FEE OF $100 MUST ACCOMPANY THIS APPLICATION

- O V E R -

Revised 11/ 01

List names of each CPA licensee including staff, who will be involved in the performance of the engagement in Louisiana.

Name	Office Address	Certificate Number	Expiration Date of License	State