

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA BOARD OF ACCOUNTANCY

301 E. 14th St., Suite 200, Sioux Falls, SD 57104
Tel: 605.367.5770 accountancy.sd.gov

**UNIFORM CPA RE-EXAMINATION
APPLICATION**

1. When completing this form, type or print legibly.
2. Indicate section(s) to be taken and enclose the appropriate fees. Make checks payable to the South Dakota Board of Accountancy.

Auditing - \$254.99

Financial Accounting & Reporting - \$254.99

Regulation - \$254.99

Business E&C - \$254.99

1. (a)

First	Middle	Last
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(b) Other Names Known By Since Last Application (c) Male Female
2. Birthdate Mother's Maiden Name
3. (a) Permanent Address

	Street/Box Number
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(b)

City	State	Zip + Four
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(c) Primary Phone Fax E-Mail
4. (a) Employer Name
(b) Address

Street/Box Number	City	State	Zip + Four
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(c) Phone Number Fax E-Mail
5. NTS Delivery Preference:

Hm. Email	Hm. Fax	Bus Email	Bus Fax	Res. Address
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(please choose only one)
6. Have you been convicted of any crime other than minor traffic violations or been charged with any dishonest acts or unprofessional conduct since your original or last application?

Yes	No	If yes, attach an explanation.
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7. Have you taken the CPA examination in any other jurisdiction since you last took it in South Dakota? Yes No
If so, do you hold conditional status with any other state? Yes No If yes, immediately request an Interstate
Authorization form from this office to transfer information.

8. **Candidates with Disabilities:** Applicants requiring modifications in the examination administration due to a disability must obtain an official modification form from the South Dakota Board of Accountancy. Applicants must complete and submit this form every time they apply for the examination and require special modifications. The completed form must be returned to the SDBOA with all required documentation at the time of application.

9. **ATTESTATIONS**

- I understand and agree that I will not divulge the nature or content of any examination question or answer to any individual or entity; I will report to the Board any solicitations or disclosures to which I become aware; I will not remove, or attempt to remove, any examination materials from the examination room. Failure to comply with this attestation may result in my invalidation of exam grades, disqualification from future Uniform CPA Examinations, and facing possible civil and/or criminal penalties.
- I confirm that I have read and understand the provisions contained in the "Information for Applicants." I agree that in the event my examination data are lost or damaged, any claim I may have will be limited to the examination fee(s) paid by me.
- I understand and agree that the information I provided above will be shared with the National Association of State Boards of Accountancy (NASBA).
- Under penalty of perjury, I certify to the truth and accuracy of all statements, answers, and representations made in the foregoing application, and in all supplementary statements and materials.

SIGNATURE OF APPLICANT

DATE

**Applications and payment are to be submitted by regular mail to the following address:
South Dakota Board of Accountancy
301 East 14th St, Ste 200
Sioux Falls, SD 57104**

BOA4-REEXAMCBT