

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

**AFFIDAVIT FOR RETIRED STATUS AND CPE EXEMPTION**

Year Ending July 31, 2019

**The fee for Retired Status is \$10 annually.**

Please make checks payable to the South Dakota State Board of Accountancy. No cash, please.

I, \_\_\_\_\_, hereby advise the South Dakota State Board of Accountancy that I wish to voluntarily retire my certificate as a Certified Public Accountant/ Public Accountant as of \_\_\_\_\_ (date). I understand that I am giving up my right to practice public accounting.

I understand that by doing so I give up the right to use the title of certified public accountant or licenses public accountant in any way in the State of South Dakota and the use of those titles which includes the abbreviations CPA, PA and the word "Accountant" unless I indicate "Retired" following the use of the credential. I understand that by making this election I cannot perform or offer to perform for the public one (1) or more kinds of services involving the use of accounting or auditing skills, including issuance of reports on financial statements, or of one (1) or more kinds of management advisory, financial advisory or consulting services, or the preparation of tax returns or the furnishing of advice on tax matters. I warrant and affirm that I have not performed these services since \_\_\_\_\_ (date must precede date of retirement). I further certify that I have read and understand the Law and Rules of the Board; including rule **20:75:04:08** which states that I must obtain 24 hours of CPE during the 12 month period preceding any request I should make to reactivate my license.

COMPLETE THE FOLLOWING;

I reached the age of 55 on \_\_\_\_\_ . I am no longer subject to CPE. I understand that I am subject to the annual \$10 renewal fees.

Additionally, I understand that violation of South Dakota Chapter **36-20B** and/or rules and policies of the South Dakota State Board of Accountancy relating thereto in the State of South Dakota is cause for disciplinary action by the South Dakota Board of Accountancy.

I, the undersigned, declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. Any person who signs such statement as provided for in this section, knowing the same to be false or untrue, in whole or in part, shall be guilty of perjury.

_____ Signature	_____ Certificate Number	_____ Date	
Street Address	City	State	Zip Code
Telephone number (daytime)	e-mail		