SD EForm - 1537 V3

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HELP

SOUTH DAKOTA BOARD OF ACCOUNTANCY
301 East 14th Street, Suite 200
Sioux Falls, SD 57104
(605) 367-5770

AFFIDAVIT FOR RETIRED STATUS AND CPE EXEMPTION FOR THE YEAR ENDING JULY 31, 2021

The retired certificate fee is $10.
Make check payable to the SD Board of Accountancy. No cash please.

Name _____ _____ _____
First **Middle** **Last**

Address _____ _____ _____ _____
Street **City** **State** **Zip**

Phone number _____ e-mail _____

Certificate Number _____ Date Issued _____

I hereby advise the South Dakota State Board of Accountancy that I wish to voluntarily register my certificate as "Retired" as of _____(date). I understand 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 licensed public accountant in any way in the State of South Dakota and the use of the title 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.

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.

I understand that violation of South Dakota SDCL 36-20B and/or the rules and policies of the South Dakota State Board of Accountancy 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.

NOTE: **Pursuant to SDCL 36-20B-29, each holder of an individual license shall notify the Board in writing within thirty (30) days after its occurrence of any denial of an application or revocation or suspension of a certificate or license in another state or any change of address, employment or conviction of a felony. If you answer "Yes" to any of the questions below, you must provide a statement of explanation with this application. Since your last renewal:**

yes ◯ no ◯ Have you been charged, arrested, convicted, found guilty of, received a prayer for judgment continued, or pleaded nolo contendere to any criminal offense (excluding non-criminal traffic infractions)?

yes ◯ no ◯ Have you had an application for a certificate or license denied or a certificate or license suspended, canceled, or revoked by any state or federal agency, or governing or licensing board?

yes ◯ no ◯ Have you been investigated, charged, or disciplined; or are you currently under investigation by a governing or licensing board or by a state or federal agency or the AICPA or any state CPA society?

yes ◯ no ◯ Have you been party to any civil suit, bankruptcy action, administrative proceeding, or binding arbitration; the basis of which is grounded upon an allegation of negligence, dishonesty, fraud, misrepresentation, or incompetence?

_____ _____
Signature Date

BOA27(revised 4/20)

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