

CPA License Number

EXPERIENCE AFFIDAVIT FOR OFFICE/FIRM PERMIT

(Must be completed and submitted with *Initial Firm Application* no matter what services are to be performed.)

Name		License Number	
services and signs or authorizes ar behalf of the firm, shall meet profe	nother person to sign the accounta essional competency requirements oard in the preparation of financia have been earned in the ten (10) y	o is responsible for supervising attest ant's report on the financial statements on and shall have no less than two (2) years al statements or reports on financial vears prior to application.	
Employer			
Employment Dates (to/from)			
CPA Firm?			
If not a CPA firm, please describe:			
ATTESTATION: I so swear (affirm) that the informa	ition contained in this self-affidavi	t is true, correct and complete.	
Signature		Date	
Printed Name			