



**Names and Certificate Numbers of Members Holding Alaska Certificates**

Name	Title	Certificate Number

**Names and Certificate Numbers of All Other Members (use additional paper if necessary)**

Name	Title	Certificate Number

- PROFESSIONAL FITNESS** (AS 08.04.480) – The following questions must be answered:
- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| 1. Have you, any partner or member, ever been convicted of any criminal offense, other than minor traffic violations (convictions include Suspended Imposition of Sentence), under the laws of any state or of the United States?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you, any partner or member, ever had your certificate, license or permit to practice public accountancy suspended, revoked or otherwise acted upon by any licensing board?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you, any partner or member, ever had your certificate, license or permit to practice public accountancy denied renewal in any state for any cause other than failure to pay a required fee in that state?.....                 | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to any of these questions, please submit a detailed statement of explanation and legal documentation, if applicable. All information supplied with applications is considered public information except information considered confidential by state or federal law.

**On behalf of the LLC, I CERTIFY THAT, to the best of my knowledge, the statements contained in this application are true and correct. I understand that any false or misleading information herein may result in failure to obtain registration and licensure in the State of Alaska.**

\_\_\_\_\_  
Signature of Resident Manager or Alaska CPA Member

\_\_\_\_\_  
Date of Application

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**A COPY OF THE CERTIFICATE OF ORGANIZATION AND  
A COPY OF THE ARTICLES OF ORGANIZATION MUST ACCOMPANY THIS APPLICATION**

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
Alaska State Board of Public Accountancy  
P.O. Box 110806, Juneau, Alaska 99811-0806  
(907) 465-3811  
E-mail: license@alaska.gov  
Website: www.commerce.state.ak.us/occ.htm

## VERIFICATION OF NONRESIDENT CPA LIMITED LIABILITY COMPANY

### Part I

**Instructions to Applicant:** Type or print the information needed to complete Part I of this form. If you are a nonresident Limited Liability Company, please have the state in which you established original licensure as a LLC complete this form. Upon completion of Part II, the state agency must return the form directly to the Division of Corporations, Business and Professional Licensing.

Name of LLC: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip Code

Daytime Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE DO NOT DETACH**

### Part II

The above-named LLC is applying for a permit to practice with the Alaska Board of Public Accountancy. Please verify the information requested below, and **return the form directly to the Division of Corporations, Business and Professional Licensing at the address at the top of the page.** The verification is not to be returned to the applicant. In lieu of this form, the State of Alaska will accept a standard computer verification that provides approximately the same information.

Licensee's Name as Shown on your Records: \_\_\_\_\_

License # \_\_\_\_\_

Original Issue Date: \_\_\_\_\_ Current Expiration Date: \_\_\_\_\_

Status:  Current  Inactive  Lapsed  Other \_\_\_\_\_

Have members met your state's Continuing Education requirements?  Yes  No

List derogatory Information, if any \_\_\_\_\_

(BOARD SEAL)

Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

Return to: Division of Corporations, Business  
and Professional Licensing  
P.O. Box 110806, Juneau, AK 99811-0806

Title: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Date: \_\_\_\_\_