

Michigan Department of Energy, Labor & Economic Growth
 Bureau of Commercial Services
 Licensing Division
 BOARD OF ACCOUNTANCY
 P.O. Box 30018, Lansing, MI 48909
 517-241-8205
 www.michigan.gov/accountancy

VERIFICATION OF CLIENT REFERENCES

AUTHORITY: P.A. 299 of 1980, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

The applicant named below has given your name as a reference. The applicant is being considered for a certificate as a Certified Public Accountant. The information requested on this form is required under Act 299 of 1980, as amended, and will be used to provide administrative services to the applicant. Failure to furnish the information may result in denial of the applicant's application. **Please return the form directly to the Board office at the above address.**

Name and Address of Client:	Name of Applicant:
	Last four digits of Applicant's Social Security Number:
Specify Type of Business:	Current Employer:

THIS SECTION TO BE COMPLETED BY CLIENT ONLY:

What professional services did the applicant perform for your company or governmental agency?

PUBLIC ACCOUNTING

GOVERNMENTAL ACCOUNTING

- A financial audit
- A review
- A compilation

- A financial audit
- An operational audit
- A performance audit

Please name the public accounting firm/governmental agency the applicant represented: _____

When were services performed? _____

Were the services performed satisfactorily? Yes No
 (Please explain a "No" answer on the reverse side)

Are you related to the applicant? Yes No

Do you believe the applicant can serve in a highly confidential capacity? Yes No
 (Please explain a "No" answer on reverse side)

Signature:	Date:
Type/Print Name:	Daytime Telephone Number: