

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 BOARD OF ACCOUNTANCY
 P.O. Box 30018, Lansing, MI 48909
 517-241-8205
 www.michigan.gov/accountancy

CERTIFICATION OF CPA CERTIFICATE AND GRADES

Please print in ink or type all responses

Applicant's Name (as it will appear on certificate and license):		Social Security Number	
Street Address:		City, State, Zip Code:	
Date of Birth:	Telephone Number:	Have you ever used another name? If yes, list here.	

THE FOLLOWING NEEDS TO BE COMPLETED BY THE STATE WHICH ISSUED THE APPLICANT'S CPA CERTIFICATE:

The applicant named above has applied to the Michigan Board for a CPA Certificate based on the issuance of a Certificate from your state. Please certify the issuance of this individual's certification by completing the following questionnaire and returning it to the applicant.

1. CERTIFICATE NUMBER: _____
2. DATE ISSUED: _____
3. EXPIRATION DATE: _____
4. WAS THE CERTIFICATE ISSUED AS A RESULT OF THE UNIFORM CPA EXAM? Yes No
5. WERE THE GRADES FOR THE EXAM FURNISHED BY THE INSTITUTE'S GRADING SERVICE? Yes No
6. IS THE CERTIFICATE IN GOOD STANDING? Yes No
7. DATE SUCCESSFULLY COMPLETED EXAMINATION: _____
8. GRADES: PRACTICE _____ LAW _____
 THEORY _____ AUDITING _____

BOARD OR AGENCY NAME _____

AGENCY ADDRESS _____

SIGNATURE OF PREPARER _____

TITLE OF PREPARER _____

(STATE SEAL)