

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

## APPLICATION FOR REREGISTRATION

AUTHORITY: P.A. 299 of 1980, as amended.

COMPLETION: Mandatory

PENALTY: Failure to complete may result in denial of your application.

Name (First, Middle, Last)		Permanent I.D. Number	Date Expired
Street Address		License Type (Individual, Corp., etc.)	Profession
City	State	Zip Code	E-mail address

### PLEASE COMPLETE INFORMATION BELOW

It has been more than 60 days since your license or registration has lapsed. Pursuant to Section 411 of 1980, P.A. 299, as amended, you are now required to apply for relicensure or reregistration.

Daytime Telephone Number	Date of Birth	Social Security or Federal I.D.
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Have you, or if a firm, any officer, owner, director, partner or trustee of the firm ever been convicted of a felony or misdemeanor?

- Yes - Please download the form BCS/LCE-020 "Request for Conviction History". The form can be downloaded and completed to accompany this application. See [www.michigan.gov/accountancy](http://www.michigan.gov/accountancy) and select Forms & Publications. The form must be included to avoid delays in processing your application.  No

Have you, or if a firm, any officer, owner, director, partner or trustee of the firm ever had disciplinary action taken against any license, registration, certificate or permit you now hold or have ever held? (Includes but is not limited to final orders, suspension, revocation, denial, cease and desist order, etc.)

- Yes - Please download the form BCS/LCE-021 "Request for Disciplinary Action Information". The form can be downloaded and completed to accompany this application. See [www.michigan.gov/accountancy](http://www.michigan.gov/accountancy) and select Forms & Publications. The form must be included to avoid delays in processing your application.  No

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I further authorize the Department or its agents to examine my books and records at the Department's discretion.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

### FEE PAYMENT INFORMATION - PLEASE CHECK ONE

### FOR OFFICE USE ONLY - VALIDATION

- Application for a 2-year Registered/Non-Practicing CPA License  
 (If Applying 9-3-ODD YEAR to 9-2-EVEN YEAR) \$170.00 1101-53=\$85.00  
 1101-16=\$85.00
- Application for a 1-year Registered/Non-Practicing CPA License  
 (If Applying 9-3-EVEN YEAR to 9-2-ODD YEAR) \$145.00 1101-53=\$70.00  
 1101-16=\$75.00

Make your check or money order in U.S. Currency payable to:

**STATE OF MICHIGAN**

FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.