

# 2015 Connecticut CPA Certificate Registration Renewal Form

Renewals must be submitted **no later than December 31, 2014** for your Certificate Registration to be current and renewed for 2015.

(2014 certificate registrations expires 12/31/2014) \*\*\*\* This form cannot be used after December 31, 2014 you must submit form **SBA-2 late renewal** which can be downloaded from our website [www.sots.ct.gov](http://www.sots.ct.gov) under general information / forms.

For Board use only!
Check No. _____
Transaction Date _____
Amount Received _____
CC# _____

First	Middle	Last
Address ( If using work address please supply firm name)		
City	State	Zip Code

CERTIFICATE NUMBER \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST FOUR DIGITS

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**(CHECK ONLY ONE)**

**Renew my CPA Certificate Registration for 2015.**

I choose not to renew my Certificate Registration because I want to become inactive / or I am relocating and will no longer need to use the limited use of the title CPA for services rendered to Connecticut clients..

**Note:** you must notify the board by e-mail at [sboa@ct.gov](mailto:sboa@ct.gov) or by letter addressed to State Board of Accountancy, 30 Trinity Street, Hartford, CT 06106 stating reason for becoming inactive.

I choose not to renew my Certificate Registration, I wish to reinstate my CPA License

**Note:** if you wish to reinstate your CPA License you must submit form SBA-5 (License Reinstatement) which can be downloaded from our website [www.sots.ct.gov](http://www.sots.ct.gov) Under general information / forms.

Please provide your daytime phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E Mail Address: \_\_\_\_\_

*I hereby certify that the information on this form is correct and the statements made herein are true and complete and that since my last renewal I have not been convicted by any court of a felony. (Any exceptions to this statement must be described in an attached statement to the Board.)*

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

\_\_\_\_\_  
Date

**Mail Completed Application with payment made payable to the Treasurer State of Connecticut. For credit card payment, please download a Credit Card Payment Sheet at [www.sots.ct.gov](http://www.sots.ct.gov). Complete and submit with this form to the address below.**

**Mail Completed Applications with payment to:**      **Connecticut State Board of Accountancy**  
 Payment Center  
 P.O. Box 150477  
 30 Trinity Street  
 Hartford CT 06115-0477

**For inquiries or questions: email our office at [sboa@ct.gov](mailto:sboa@ct.gov)**