



**Connecticut State Board of Accountancy
Office of the Secretary of the State**

30 Trinity Street
P. O. Box 150470
Hartford, Connecticut 06106-0470
(860) 509-6179 - Fax (860) 509-6230



EMAIL: SBOA@CT.GOV WEBSITE: WWW.SOTS.CT.GOV

AFFIDAVIT OF LOST CERTIFICATE

I, _____,
Name (Address)

(City, State, Zip) (Certificate #) (License #)

hereby certify and attest through my signature on this Affidavit that I have lost, misplaced or otherwise do not possess my original Connecticut CPA certificate issued to me by Connecticut State Board of Accountancy.

I understand that should I locate said missing certificate, I will immediately return it to the Board.

Signature: _____

Print Name: _____

Date: _____

Subscribed and sworn to before me, this _____ day of _____ 20_____

Notary Public; Commissioner of the Superior Court

My Commission Expires _____
(if Notary Public)

OFFICE USE ONLY
Date Received: _____
Reviewed by: _____