



Arkansas State Board of Public Accountancy

900 West Capitol, Suite 400 • Little Rock, AR 72201

Phone (501) 682-5532 • Fax (501) 682-5538 • www.asbpa.arkansas.gov

Written Notification of Intent to Voluntarily Surrender Certificate/License-Individual

I, _____, voluntarily surrender Arkansas Certificate Number _____ for the following reason:

- I will no longer be practicing or performing accounting services in the state of Arkansas.
- I am no longer required to hold a license in Arkansas since I qualify for practice privilege under Arkansas Code Annotated § 17-12-311 as amended by Act 93. However, the firm of _____ that does not have an office in Arkansas, but is registered under A.C.A. § 17-12-401, will perform at least one of the following services in Arkansas for a client having its home office in Arkansas. All work will be performed either by me or other individuals of the firm who hold a current valid license as a certified public accountant from a substantially equivalent state.

- (a) A financial statement audit or other engagement to be performed in accordance with the "Statements on Auditing Standards";
- (b) An examination of prospective financial information to be performed in accordance with "Statements on Standards for Attestation Engagements"; or
- (c) An engagement to be performed in accordance with PCAOB standards.

Note: An individual operating an out-of-state firm established as a sole proprietor must register that firm with the Arkansas State Board of Public Accountancy if performing any of the above services (a-c).

- I qualify for practice privileges under Arkansas Annotated § 17-12-311 as amended by Act 93 and will perform for a client whose home office is in Arkansas the following services that does not require me to hold a license in Arkansas nor my firm that does not have an office in Arkansas to register in the State of Arkansas:

1. _____
2. _____
3. _____
4. _____

- I have enclosed the original wall certificate.

If the original wall certificate is not enclosed, please complete the Affidavit of Understanding.

Signature

Date