



Arkansas Resident Initial Exam Support Program (ARIES) REQUEST FOR REIMBURSEMENT

NAME _____

HOME ADDRESS: _____

CITY

STATE

ZIP CODE

EMAIL ADDRESS: _____

TELEPHONE: BUSINESS () _____ RESIDENCE () _____

NATIONAL CANDIDATE ID _____ JURISDICTION ID _____

INITIAL CPA EXAM

Initial exam section name: _____ Date Applied: _____

Arkansas Resident Qualification Documentation:

- Arkansas Driver's License
- Employment Offer Letter from an Arkansas-based Company

SUBSEQUENT CPA EXAM Initial exam pass date: _____

I certify that the information above is true and accurate, that I am either an initial applicant for the Uniform CPA Examination or a subsequent applicant who has passed my initial CPA exam, and that I am eligible for reimbursement of exam section fees through the Board's ARIES program. I further certify that I applied for the CPA exam with Arkansas as my jurisdiction, that I am an Arkansas resident with a valid Arkansas driver's license or that I have an employment offer letter from an Arkansas-based company dated within one year of my initial exam registration, and that I will submit the proper and appropriate Arkansas Resident Qualification documentation with this application.

SIGNATURE: _____

DATE: _____

For ADLL use only:
Reimbursement Amount: \$ _____
Account #: 5080033000
Approved by: _____