SBA\_2022 REG Renewal 8/21

## STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

Board of Accountancy 450 Columbus Blvd, Ste. 801 Hartford, CT 06103

Email: dcp.licenseCPA@ct.gov Web site: <a href="https://www.ct.gov/dcp">www.ct.gov/dcp</a>



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An applicant may request a wait checking off the appropriate box					he reason fo	or such request by
☐ medical reason ☐ online payment issue ☐ no computer/no access ☐ website error/login error						
unable to navigate online other reason(s):						
2022 Connecticut CPA Registration Renewal Form						
This renewal is for a CPA Registration that expires on December 31, 2021. Mail the completed form and the appropriate fee to the address above no later than December 31, 2021. Incomplete or submissions without a fee will be returned.						
NOTE: If you choose <b>NOT to rene</b> reinstate your CPA License, you m is required to reinstate, see applicat	ust complete the re	einstatement application a	vailable o	on our website, <u>w</u>	<u>/ww.ct.gov/</u>	
☐ I choose to renew my CPA R check or money order in the an					renewal and	d return with a
Section I: Renewal App	licant					
First Name		Middle Name		Last Name		
Business Name (If using business ac	ddress please state	business name)				
Street Address		City			State	Zip Code
Telephone Number	Email Address (mandatory for all applicants)					Date of Birth
Social Security Number*	CT CPA Certificate Number					
*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to CGS17b-137a.  Section II: Other State Licenses & Felony Conviction(s)						
1. List <b>all</b> jurisdictions where you hold a CPA certificate/registration/license (abbreviations only):						
2. Have you ever been convicted of a crime which constitutes a felony?						
Section III: Attestation						
I,declare under penalty of perjury, under the laws of the State of  (Printed Name of Renewal Applicant)						
Connecticut, that all statements contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of the registration.						
Signature of Renewal Applicant		Date				