



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Accountancy
124 Halsey Street, 6th floor, P.O. Box 45000
Newark, New Jersey 07101
(973) 504-6380



Application for Transfer of Uniform CPA Examination Grades

This form is essential to the application you are filing with the New Jersey State Board of Accountancy. Before your application will be considered for approval, certain information must be verified by the Board where your examination credit was earned. Please complete the information below and forward the form to the Board in the state in which you originally received credit. The Board, in turn, will complete the back of this form and return it to the New Jersey State Board of Accountancy. You are advised to check with that Board before forwarding this form to determine if there are additional fees charged before such information will be released.

To be completed by the applicant

(Please print clearly.)

Mr.
 Mrs. _____ (_____)
 Ms. Last name First name Middle initial Maiden name

Address _____
 Street or P.O. Box City State ZIP code

 Telephone number (include area code)

Social Security Number

*Social Security Number: _____ - _____ - _____

* Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

To complete the application for New Jersey, I hereby request the _____ (Board in which you obtained credit) Board of Accountancy to provide all pertinent information requested in this form to the New Jersey State Board of Accountancy. I agree that the Board may confirm the grade(s) issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants.

Applicant's signature

Date

Verification of Examination

All grades including failing grades earned on the Uniform CPA Examination by this applicant, as reported by the AICPA Advisory Grading Service and approved unchanged by this Board, are listed below:

Date of examination	Candidate ID#	Audit (Auditing)	LPR (Law)	FARE (Theory)	ARE (Practice)

1. Subjects with which candidates has credit: _____

2. Date credits/grades expire: _____

This information provided above is correct to the best of my knowledge. We do do not recommend acceptance of these grades.

Affix
Board / Agency
seal

Board / Agency

Print name

Signature

Title

**Note: Please return this form to Board via email: Accountancy@dca.njoag.gov