

**INSTRUCTIONS FOR COMPLETING
REQUEST FOR CHANGE OF STATUS APPLICATION
REACTIVATION
DBPR CPA 5011-1**

Application begins on page 3

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **(850) 487-1395**.*

Please be certain that the application is completely filled out, that all questions are answered truthfully and that all information requested is furnished. **Please type or print in ink.** Applicants are cautioned to read questions thoroughly.

TRANSACTION	APPLICATION REQUIREMENTS
Reactivation	<ul style="list-style-type: none"><input type="checkbox"/> Pay \$250 application fee (make check payable to the Department of Business and Professional Regulation) you will be notified of other charges in writing if applicable.<input type="checkbox"/> Complete DBPR 0010-2 – Master Individual Application<input type="checkbox"/> Complete DBPR CPA 5011-1 – Request for Change of Status<input type="checkbox"/> Submit reporting form with proof of attendance<input type="checkbox"/> Submit Laws and Rules exam

Please send your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399 – 0783

www.MyFloridaLicense.com

**DBPR CPA 5011-1– Request for Change of Status
CPA - 0101**

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399 – 0783**

**NOTE – This form must be submitted as
part of an entire application packet.**

*If you have any questions or need assistance in completing this application, please contact the
Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-
1395.*

CHECK ACTION REQUESTED				
Transaction Type:				
<input type="checkbox"/> Become Inactive (Do not sign to bottom to become inactive)				
<input type="checkbox"/> Regular Reactivation (Do not sign the bottom to reactivate your license)				
<input type="checkbox"/> Voluntary Relinquishment – no charge (Sign the bottom if you do not want to continue your license)				

APPLICANT INFORMATION				
License Number				
Last Name	First	Middle	Title	Suffix

ATTESTATION STATEMENT FOR VOLUNTARY RELINQUISHMENT	
<p>Since I have discontinued the practice of public accounting in Florida, I am voluntarily relinquishing my Florida CPA certificate and license and returning them to the Florida Board of Accountancy. I am expressly waiving all further procedural steps. I hereby certify that I am not currently under investigation or convicted, regardless of adjudication, for any crime which relates to my practice of public accounting or my ability to practice public accounting. Further, I am not currently under investigation or being disciplined for violations of the accountancy practice acts in Florida or any other jurisdiction. I agree that I will not violate Chapters 455 or 473, Florida Statutes, and the related rules. Specifically, I will not use or assume the title of certified public accountant from this day forward, nor will I perform reviews or audits of financial records. Further, I understand that to obtain a license as a Florida CPA I will have to meet the requirements in effect at the time I reapply and take the CPA Examination again.</p>	
Signature: _____	Date: _____

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

PERSONAL INFORMATION				
Social Security Number*				
Last Name		First	Middle	Title
				Suffix
Birth Date (MM/DD/YYYY) / /			Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Race/Ethnicity (check only one):				
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Native American or Alaskan Native
<input type="checkbox"/> White or Caucasian		<input type="checkbox"/> Spanish, Hispanic or Latino		<input type="checkbox"/> Other
MAILING ADDRESS				
Street Address or P.O. Box				
City			State	Zip Code (+4 optional)
County (if Florida address)			Country	
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City			State	Zip Code (+4 optional)
County (if Florida address)			Country	
BUSINESS LOCATION ADDRESS				
Business/Firm Name				
Street Address				
City			State	Zip Code (+4 optional)
County (if Florida address)			Country	

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

PRIOR LICENSE INFORMATION			
If you currently or previously have held a business or professional license/registration in Florida or elsewhere, please list them below:			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION WILL BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please utilize form 0050-1 for your responses to questions 1 and 2, and form 0060-1 for your responses to questions 3 and 4. If you have more than seven offenses to document on form 0050-1, attach additional copies of form 0050-1 as necessary.

PRIOR NAME INFORMATION

Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes No
If your answer is yes, state name or names used below:

Last Name	First	Middle	Title	Suffix