

DBPR CPA 5011-1– Request for Change of Status

**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"/> Reactivation	
<input type="checkbox"/> Become Inactive	
<input type="checkbox"/> Voluntary Relinquishment – no charge	

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: _____