

**DBPR CPA 5010 – Non-Resident Temporary Practice Permit**

**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.*

<b>APPLICANT INFORMATION</b>		
Name of out-of-state CPA or CPA Firm		
Address		
City	State	Zip Code
Phone		

<b>Specific Engagement (Client within the State of Florida)</b>		
Specific Name of Engagement		
Address		
City	State	Zip Code
Nature of Engagement		
Date Work Will Begin		
Is this your first temporary permit for this calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No		

List all out of state personnel entering Florida (please designate the person in charge, use additional sheets if necessary)			
Name	Classification Level	CPA Certificate #	State
(person in charge)			

Statement of Applicant or of Partner or Shareholder of the Applicant
<p>I, _____, hereby certify that:</p> <ol style="list-style-type: none"> <li>1. The work on this engagement qualifies for a temporary license.</li> <li>2. The professional engagement, if said professional engagement is intended to result in an expression of opinion, complies with Rule 61H1-24.003.</li> <li>3. Applicant is not maintaining a full time office and staff in the state for the full-time public accounting practice in the state through the use of temporary license.</li> <li>4. Applicant is the holder of CPA Certificate or License Number _____ issued by the _____ (Board of Accountancy) which, at the time of this application, is in good standing. A permit cannot be issued if the applicant's license is not in good standing.</li> <li>5. Applicant <input type="checkbox"/> has or <input type="checkbox"/> has not had disciplinary action taken by the Board of Accountancy in any jurisdiction. If disciplinary action has been taken please attach explanation.</li> <li>6. Are you a Florida Resident? Yes _____ No _____</li> <li>7. If CPA Firm, is there a licensed Branch in Florida? Yes _____ No _____</li> </ol>

**I affirm that I have provided the above information completely and truthfully to the best of my knowledge.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_