

**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION**

Board of Accountancy  
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Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only

## 2020 Connecticut CPA Registration Renewal Form

This renewal is for a CPA Registration that expires on December 31, 2019. Mail the completed form and the appropriate fee to the address above **no later than December 31, 2019.**

NOTE: If you choose **NOT to renew** your Registration, please disregard all notices. No additional action is required. Should you wish to reinstate your CPA License, you must complete the reinstatement application available on our website, [www.ct.gov/dcp](http://www.ct.gov/dcp). 40 hours of CPE is required in order to reinstate, see application for instructions. (You cannot reinstate online once the license status is lapsed)

I choose to renew my CPA Registration for 2020. To renew your CPA Registration, complete this renewal and return with a check or money order in the amount of \$40.00 made payable to "Treasurer, State of Connecticut."

### Section I: Renewal Applicant

First Name	Middle Name	Last Name	
Business Name (If using business address 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 **all** jurisdictions where you hold a CPA certificate/registration/license (abbreviations only):  
\_\_\_\_\_
2. Have you ever been convicted of a crime which constitutes a felony?  Yes  No If Yes, attach a statement of explanation

### 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*