

State of Florida
 Department of Business and Professional Regulation
 Board of Accountancy
 Application for Retired Status
 Form # CPA 16

APPLICATION CHECKLIST

- Application for Retired Status Form # CPA 16.
- Licensee is at least 65 years of age.
- Licensee holds a current active or current inactive license which is in good standing.
- Licensee is not the subject of any sanction or disciplinary action by any jurisdiction, or under investigation by the Department.
- Licensee has no association with accounting or any of the services described in s. 473.302 (8), F.S.

PERMITTED AND PROHIBITED ACTIONS OF A RETIRED CPA

Pursuant to s. 473.313 (2) (a) FS, a retired licensee may perform the following services:

- Serve without compensation on a board of directors or board of trustees.
- Provide volunteer tax preparation services.
- Participate in a government-sponsored business mentoring programs such as the Internal Revenue Service's Volunteer Income Tax Assistance program or the Small Business Administration's SCORE program.
- Participate in an advisory role for a similar charitable, civic, or other non-profit organization.

A retired licensee may also:

- Pursuant to s. 473.313(2)(c) FS, accept routine reimbursements for actual costs of travel and meals associated with volunteer services.
- Pursuant to s. 473.313(2)(d) FS, use the title of "retired CPA" on any business card or letterhead or any other printed or electronic document. Such title must not be applied in such a manner that could confuse the public as to the current status of the licensee.

A retired licensee is prohibited from the following:

- Pursuant to s. 473.313(2)(e) FS, offering or rendering professional services that requires her or his signature and the use the CPA title, regardless of whether "retired" is attached to such title.
- Pursuant to s. 473.313(2) FS, any accounting or any of the services described in s. 473.302 (8), F.S.

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RETIRED STATUS (0101/)		
Requirements for Retired Status (0101/ 8062)		
<input type="checkbox"/> At least 65 years of age. --AND--		
<input type="checkbox"/> Hold a current active or inactive license in good standing Pursuant to s. 473, F.S. --AND--		
<input type="checkbox"/> Is not the subject of any sanction or disciplinary action. --AND--		
<input type="checkbox"/> Licensee has no association with accounting or any of the services described in s. 473.302 (8), F.S.		
APPLICANT INFORMATION		
Fill out each section completely. Note: a social security number is required		
Social Security Number*	License Number	Date of Birth
FULL LEGAL NAME		
Do not use any nicknames, aliases, or initials.		
Last Name	First	Middle
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
CONTACT INFORMATION		
Residence Phone Number	Business Phone Number	
Email Address		

*The disclosure of your social security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Mail your completed application to:

Department of Business and Professional Regulation
 2601 Blair Stone Rd
 Tallahassee, FL 32399

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BACKGROUND QUESTIONS

If you answer yes to any of the following questions, you must complete the Explanation for Background questions sections (page 4). Make additional copies as needed.

If you answer "yes" to questions 1, you must provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied for **each occurrence**. If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required. If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.

If you answer "yes" to question 2, you must supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.

1.	<input type="checkbox"/> Yes (If yes, please provide an explanation)	<input type="checkbox"/> No	Since applying for your Florida CPA license, have you been convicted or found guilty of, or entered a plea of nolo contendere or guilty, regardless of adjudication, to a crime in any jurisdiction, or are you currently under criminal investigation? <i>This question applies to any criminal 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 943.0585 or 943.059, 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 MAY 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.</i>
2.	<input type="checkbox"/> Yes (If yes, please provide an explanation)	<input type="checkbox"/> No	Since applying for your Florida CPA license, has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

EXPLANATION FOR BACKGROUND QUESTION 1

Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY)	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

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EXPLANATION FOR BACKGROUND QUESTION 2	
State/Jurisdiction:	Application Type/License Number:

AFFIRMATION BY WRITTEN DECLARATION	
<p>I acknowledge that to obtain and maintain a retired license, I must comply with the provisions set in s. 473.313 (2), F.S. and Rule 61H1-30.060. Pursuant to s. 473.313(2)(b), I affirm that I no longer have an association with accounting or any of the services described in s. 473.302 (8), F.S. I also understand the limited types of activities in which I may engage in while in retired status and that I have a professional duty to ensure that I hold the professional competencies necessary to participate in such activities.</p> <p>I certify that I am empowered to execute this application as required by section 559.79, FS. I understand that my signature on this application has the same legal effect as if made under oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	