

**State of Florida**  
**Department of Business and Professional Regulation**  
**Florida Board of Accountancy**  
**Authorization for Transfer of Examination and/or Licensure Information Request**  
**Form # DBPR CPA 12**

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

**Instructions:** Complete this form to request the Florida Board of Accountancy to send verification of examination and licensure information to another party. Please submit an individual request for each party you wish to send your exam scores and/or licensure information. Please be advised there is a processing fee of \$50 for each request.

**NOTE: The Florida Board of Accountancy can only verify exam scores for candidates approved to sit by the Florida Board of Accountancy. If you were approved to sit by another state and physically sat for the exam in Florida, you will need to contact the state that approved you to sit for exam score verification.**

**TO BE COMPLETED BY THE APPLICANT** (Please type or print legibly):

*It is the responsibility of the applicant to provide accurate information. The Florida Board of Accountancy is not liable for data not received by another state's board in the event that the information provided by the applicant is incorrect.*

**APPLICANT LEGAL NAME**

LAST	FIRST	MIDDLE	MAIDEN

**CURRENT MAILING ADDRESS**

STREET		APARTMENT/SUITE #	
CITY	STATE/TERRITORY	ZIP/POSTAL CODE	

**CONTACT INFORMATION**

PRIMARY TELEPHONE	PRIMARY EMAIL ADDRESS

**PERSONAL IDENTIFICATION INFORMATION**

*SOCIAL SECURITY NUMBER	DATE OF BIRTH	LICENSE NUMBER (If Applicable)

\*Under the Federal Privacy Act, disclosure of Soc. Sec. Numbers is voluntary unless specifically required by Federal status. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Section 653 & 654; and sections 445.203(9), 409.2577, & 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants & 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 & occupational license applications & 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.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby request and authorize the **Florida** Board of Accountancy to provide exam scores and/or all pertinent information for my Florida License to \_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

**SUBMIT FORM AND FEES TO:** Department of Business and Professional Regulation, 2601 Blair Stone Road, Tallahassee, FL 32399.