

State of Florida
Department of Business and Professional Regulation
Board of Accountancy
Application for Reinstatement of Null and Void License
Form # DBPR CPA 9

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.

APPLICATION CHECKLIST

AT THE TIME OF APPLICATION, submit fees and a personal statement as noted below:

- Fees (all apply)**
- Null and Void Reinstatement Application Fee \$250
 - Delinquency Fee \$ 25
 - Renewal Licensure Fee \$105
- A personal statement explaining the reason for the null and void status. Please check all that apply.**
- Illness
 - Unusual Hardship

Note: An explanation other than unusual hardship or illness is not applicable for consideration pursuant to Section 473.313(5), F.S.

SUBSEQUENT TO BOARD APPROVAL OF APPLICATION, submit:

- CPE Reporting Form # DBPR CPA 41- Step 1: Reinstates null and void to delinquent**
 Submit certificates of completion for 120 CPE hours to include:
- 30 hours in accounting and auditing
 - Eight (8) hours in board approved ethics
 - No more than 30 hours in behavioral subjects
- CPE Reporting Form # DBPR CPA 41- Step 2: Reactivates delinquent license to current active**
 Submit certificates of completion for 120 CPE hours to include:
- 30 hours in accounting and auditing
 - Eight (8) hours in board approved ethics
 - No more than 30 hours in behavioral subjects

Note: CPE courses used for Step 1 cannot be used for Step 2.

Please mail your completed application, personal statement, and fees to:

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

1) Requirements for Reactivation and Reinstatement

- a) Continuing Professional Education (CPE) hours are required for reinstatement (Step 1) and for reactivation (Step 2): Submit required CPE hours on the CPE Reporting Form #CPA 41 and submit certificates of completion. CPE requirements for steps I and II each are: 120 total CPE hours to include 30 hours in accounting and auditing and eight (8) hours in board approved ethics. No more than 30 hours may be in behavioral subjects.

For more information regarding the requirements, please refer to Chapter 61H1, Florida Administrative Code and Chapter 473, Florida Statutes. Links are located on the board's website under [Statutes and Rules](#).

State of Florida
Department of Business and Professional Regulation
Board of Accountancy
Reinstatement of Null and Void License
Form #CPA 9

Select the Action Requested
(Check the appropriate box and include a written statement)
Reinstate Null & Void License (0101/1070)
<input type="checkbox"/> Unusual hardship resulting in the null and void status Pursuant to 473.313(5), F.S. <input type="checkbox"/> Illness resulting in the null and void status Pursuant to 473.313(5), F.S.
Note: An explanation other than unusual hardship or illness is not applicable for consideration pursuant to Section 473.313(5), 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.

BACKGROUND QUESTION
<p>If you answer yes to the following question, you must complete the Explanation for Background question section on page 3 (attach additional charges if needed). 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.</p>
<p>Since the filing of the initial licensure application or endorsement application, have you ever 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? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><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></p>



EXPLANATION FOR BACKGROUND QUESTION	
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	

EXPLANATION FOR BACKGROUND QUESTION	
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	

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an 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:	