COMMONWEALTH OF MASSACHUSETTS
Board of Public Accountancy
1000 Washington Street, Suite 710
Boston, MA   02118-6100
617-727-1806
https://www.mass.gov/orgs/board-of-public-accountancy

SHORT FORM APPLICATION EXPERIENCE VERIFICATION

TO THE APPLICANT: After completing the top section, provide this form to current or former employers to verify that you have at least 4 years of full-time experience in the practice of public accountancy <u>after</u> you were certified or licensed in another jurisdiction and within the past 10 years immediately preceding this application. This form must be signed by a CPA partner or shareholder of the firm where you are or were employed. If you are a current partner or shareholder of the firm, another CPA partner or shareholder must verify your employment. Forms with electronic or digital signatures are not acceptable.

TO BE COMPLETED BY APPLICANT:

_____
Last Name   First Name   Middle Initial   Maiden Name

_____
Address   Number and Street   City   State   Zip Code

I request and authorize the individual below to provide the information requested to the Massachusetts Board of Public Accountancy.

Applicant's Signature: _____ Date: _____

_____

TO THE EMPLOYER: Please complete the bottom portion of the form below and return the form to the applicant. DO NOT SEND THE FORM DIRECTLY TO THE BOARD.

TO BE COMPLETED BY EMPLOYER:

I attest under the pains and penalties of perjury that _____, is/was **employed**
Name of Applicant

full-time in the practice of public accountancy with the CPA firm of _____

located in _____ from _____ to _____
City and State   Month/Day/Year   Month/Day/Year

_____
Signature Shareholder/Partner   Date

_____
Print Name

_____
Title/Position

_____
CPA License No.