



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Accountancy

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Form 2102A Rev 8/2011

OUT-OF-STATE EMPLOYERS LICENSURE VERIFICATION

APPLICANTS: Complete Section A of this form if your supervising CPA(s) holds a license from a jurisdiction other than South Carolina. Please ensure that this section is completed in its entirety. FORWARD TO THE JURISDICTION WHERE THE SUPERVISING CPA HOLDS A LICENSE. Request that the Board return the form to you. Ask the Board if there is a fee for verification. Please refer to www.nasba.org for the State Board address and telephone number. Please include a self addressed, stamped envelope for their convenience in returning the form to you.

STATE BOARDS: South Carolina Board of Accountancy, requests that you verify the information presented in Section A by answering all questions in Section B. This form serves the purpose of verify that the person noted was licensed by your jurisdiction during the dates of employment listed. Upon completion of this form, return it to the applicant.

SECTION A: APPLICANT INFORMATION

1. Full Name: First Middle Last
2. Mailing Address:
3. Telephone Number: Home: Office:
4. E-mail Address:
5. Duration of supervision: From: To:

SUPERVISOR INFORMATION:

1. Name:
2. Firm Name:
3. Mailing Address:
4. Telephone Number:

SECTION B: STATE BOARDS COMPLETE THIS SECTION.

Did the supervising CPA named above hold an active license to practice public accounting during the entire duration of supervised experience? YES NO Certificate #: \_\_\_\_\_

I solemnly affirm, to the best of my knowledge, that the above information is true and correct.

State

(Board Seal)

Official signature of Board Representative

Title

Date