SBA_ 2025 REG Renewal 9/24

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Board of Accountancy
450 Columbus Blvd, Ste. 801
Hartford, CT 06103
Email: dcp.licenseCPA@ct.gov
Web site: www.ct.gov/dcp

For Official Use Only

An applicant may request a waiver from the online mandate by completing this form. Indicate the reason for such request by checking off the appropriate box(s) below, as it applies to your circumstances: Check box(s) (✓):

☐ medical reason ☐ online payment issues ☐ no computer/no access ☐ website error/login error

☐ unable to navigate online ☐ other reason(s): _____

2025 Connecticut CPA Registration Renewal Form

This renewal is for a CPA Registration that expires on December 31, 2024. Mail the completed form and the appropriate fee to the address above **no later than December 31, 2024.** **All registrations expired over 90 days must reinstate. All fees are non-refundable.**

☐ I choose to renew my CPA Registration for 2025. To renew your CPA Registration, complete this renewal and return with a check or money order in the amount of $40.00 made payable to "Treasurer, State of Connecticut."

Section I: Renewal Applicant

First Name	Middle Name	Last Name	
Business Name (If using business address please state business name)			
Street Address	City	State	Zip Code
Telephone Number	Email Address (mandatory for all applicants)		Date of Birth
Social Security Number*	CT CPA Certificate Number		

*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to CGS17b-137a.

Section II: Felony Conviction(s)

1. Have you been convicted of a felony since your last application? ☐ **Yes** ☐ **No** If Yes, attach a statement of explanation.

Section III: Attestation

I,_____declare under penalty of perjury, under the laws of the State of
(Printed Name of Renewal Applicant)

Connecticut, that all statements contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of the registration.

_____ _____
Signature of Renewal Applicant *Date*