

**ACPA® Associate Certified Professional Accountant®
Application Form for IRS - Enrolled Agents**

All fields are mandatory — Updated 2018-12-12

(1) Fill-in this form and email it to us at [secretary \[at\] iicpa.com](mailto:secretary@iicpa.com) as a scanned attachment along with the (2) admission or wall certificate(s) of the college/university degrees and professional accounting institute/association(s) on which the applicant relies, and (3) a recent C.V. (*curriculum vitae* / resume – optional). (PLEASE PRINT IN CAPITAL LETTERS.)

Full name (first name, middle name, family name) as will be shown on the certificate issued by IICPA:

Name of professional business entity, if any: _____

Date of birth: _____ Citizenship _____

Email addresses: _____

Telephone (country code - and number) _____

Postal address: _____

Education:

Name(s) and location of schools(s), college(s) / university(ies), year(s) awarded

Professional designation(s):

EA Enrolled Agent No. _____ admitted to practice before the IRS since _____ (year).

Solemn Affirmation and Consent:

- I attest that the information provided herein is **true and correct**.
- I agree that the information provided by me may be audited by the Institute and, if found to be false and misleading, may result in revocation without recourse of my credentials and certificate awarded/issued by the Institute.
- I further agree to abide by the decisions of the Institute at its sole discretion without recourse as to the disposition of my application(s).
- **Code of Professional Conduct:** I further attest that I have read the Institute's Code of Professional Conduct (as adopted from the International Institute of Certified Public Accountants Incorporated in the State of Delaware) and, if awarded the Institute's credentials, I agree to abide by, and to comply with, the said Code of Professional Conduct *mutatis mutandis*. I agree that the Code of Professional Conduct may be amended by the Institute from time to time.
- I further agree that professional misconduct may result in revocation of my credentials and cancellation of the certificate awarded/issued by the Institute.
- I consent to the publication, electronic or otherwise, of a list by the Institute of its credentialed and certified persons and their country of work or residence or citizenship including myself; but without my physical/postal or email addresses unless specifically requested or authorized by me.
- **One-time prepaid fee for the lifetime ACPA® Associate Certified Professional Accountant®** award, certificate and license: I accept that the Institute's **one-time** non-refundable prepaid fee for the life-time award, license and certificate amounts to US \$1,450, which will be billed to and paid by me upon approval of this application, and before the issuance and delivery to me of the lifetime award(s), license(s) and certificate(s).

Place and date: _____

Applicant's signature