

Provincial Body, Territory, or Bermuda (PTB) & Public Accounting Licensure Confirmation Form

To be completed by member

I, _____ authorize the PTB named below to release information in relation to my application for Membership on the Basis of Provincial Affiliation.

X _____ / /
Signature Date (mm/dd/yyyy)

To be completed by PTB:

Membership ID:

REGARDING: _____ (full name as registered)

We, _____ (name of PTB)

confirm that the individual named above:

- | | | |
|-----|----|--|
| Yes | No | is a Member in good standing; |
| Yes | No | is not the subject of any complaint, investigation, proceeding, finding, order or settlement in any jurisdiction relating to the competence, conduct or character of the member including criminal proceedings where the subject of the criminal proceeding relates to the competence, conduct or character of the member. |
| Yes | No | holds, or is part of a firm that holds, a licence, certificate or other form of authorization to practise public accounting in the province/territory of our body AND that licence, certificate or other form of authorization is free of limitations, restrictions or conditions, AND is not under suspension or the subject of revocation; and |

If no to any of the above, please explain in sufficient detail and add supplementary schedules as necessary:

Other Comments:

We know of no reason why membership or licensure with Chartered Professional Accountants of Ontario should not be granted.

Part A - Membership

We certify the following membership details:

A. Membership date (mm/dd/yyyy): _____ / _____ / _____

This membership was gained by virtue of completing the education, examination and experience requirements of the following program (check one):

CPA CA CGA CMA

Other. Please explain:

B. Pathway to membership:

C. Designation(s) held: CPA CA CGA CMA
 Fellowship awarded: Yes No Date (mm/dd/yyyy): / /

D. Membership dues paid for fiscal year ending (mm/dd/yyyy): / / and consisting of (select all that apply):
 Prime Dues Affiliate Dues

E. Has the member ever been revoked from membership? Yes No
 If Yes, please provide dates (mm/dd/yyyy): / /

Part B - Licensure

This section must be completed for those who hold an active public accounting licence (PAL) with another PTB. A new PAL application must also be submitted by the CPA Ontario member.

Date licence awarded (mm/dd/yyyy): / / Licence valid until (mm/dd/yyyy): / /

Licence category (if applicable):

X _____ / /
 Name of Authorized Party Signature Date (mm/dd/yyyy)
 (on behalf of PTB)

Method of submission:

Please submit a completed form by email to itaregistration@cpaontario.ca or by mail to the address noted above, Attention: Registrar's Office.

For questions related to CPA Ontario membership please email itaregistration@cpaontario.ca.

For questions related to licensure, please email PALquestions@cpaontario.ca.

Alternatively, you may contact the Registrar's Office by telephone during business hours or by mail to the address noted above, Attention: Registrar's Office.

Please affix
 official stamp
 or seal here