TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

William Treacy, Executive Director (512) 305-7851 FAX (512) 305-7875 505 E. Huntland Drive, Suite 380 Austin, TX 78752-3757 www.tsbpa.texas.gov

ALL ITEMS MARKED WITH AN "X" MUST BE SUBMITTED

APPLICATION OF INTENT CHECKLIST

Applicants who want their education and background investigation requirements evaluated to take the Uniform Certified Public Accountant Examination must submit the following items:

$\overline{\times}$	Application of Intent						
×	Check or money order for \$20 in U.S. dollars made payable to the Texas State Board of Public Accountancy. (APPLICATION FEE IS NON-REFUNDABLE.) DO NOT SEND CASH.						
×	Veterans - Photocopy of an active military ID, state-issued driver's license with a veteran designation or DD214.						
×	Official transcripts from all colleges and universities attended. Electronic transcripts may be submitted from the educational institution to the Board. Submit to transcripts@tsbpa.texas.gov .						
$\overline{\times}$	Photograph						
$\overline{\times}$	A photocopy of a government-issued identification document (State-issued driver's license, state identification card, or current U.S. or foreign passport.)						
$\overline{\times}$	A photocopy of your U.S. Social Security Card						
$\overline{\times}$	Authorization and Release form						
$\overline{\times}$	Electronic fingerprinting						
	Official police clearance document for international applicants (See Background Investigation for explanation.)						
*	ADA document packet if requesting ADA accommodations on the CPA Examination (See Request for Testing Accommodations for information.) *An applicant claiming a disability that requires testing accommodations, aids, services, or additional time to complete the examination must submit a request and all supporting documentation in conjunction with the						
**	filing of the request. Go to https://www.tsbpa.texas.gov/forms/ada-testing-accommodations.html for instructions and forms. Background Statement form (if required) **If you responded YES to question #1 or #2 under the Affidavit of Applicant, you are required to submit a Background Statement. Go to http://www.tsbpa.state.tx.us/pdffiles/x0030.pdf to complete the form.						
	Additional information can be found on the Board's website under Application of Intent Process. The information contains statutory requirements, Board Rules, and frequently asked questions.						

FORMS LISTED BELOW CANNOT BE PRINTED FROM OUR WEBSITE.

CALL (512) 305-7851 OR EMAIL US AT exam@tsbpa.texas.gov
TO REQUEST FORMS.

REQUEST FOR EVALUATION OF INTERNATIONAL CREDENTIALS

Applicants who attended a college or university outside of the United States may need to have their international credentials evaluated.

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY *MAIL TO THIS ADDRESS

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SAMPLE ONLY

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APPLICATION OF INTENT

REFER TO THE INSTRUCTIONS AND CHECK LIST NOTE: THIS APPLICATION EXPIRES TWO YEARS FROM THE DATE OF SUBMISSION

CONSIDER THIS APPLICATION UNDER THE FOLLOWING CONDITIONS		TAPE PHOTO HERE						
CHECK ONE ONLY		Do not staple.	*MUST BE A FRONT					
	nst be accompanied noney order in U.S. T SEND CASH.	Refer to Application of Intent Instructions for additional information.	FACING PASSPORT SIZE PHOTO. PURCHASE AT CVS, WALGREENS, POSTAL PLUS, ETC.					
○ U.S. Veteran - Exempt (See Instructions)○ Waiver of Fee (See Instructions)	NOT send payment.		F1.0.3, £1.C.					
PERSONAL INFORMATION (PROVIDED TO NATIONAL CANDIDATE DATABASE)								
Social Security Number 123-45-6789	TSBPA C	ontrol # (if assigned)						
Legal Name Last Scott	First Lucas							
Middle Nathan Suffix	other Nar	nes You've Used						
GOVERNMENT-ISSUED IDENTIFICATION (Type of Doc • Driver's License	U.S. Passport	○ Foreign Passport						
Address Line 2								
City Midland	State TX	Zip <mark>79707</mark>						
Province	Country United	l States						
Primary Phone 432-123-4567	Secondary Phone							
Email lucas.nathan@utpb.edu								
HOW WOULD YOU LIKE TO RECEIVE COMMUNICATION FROM THE BOARD?								
♠ Email								
SEX: Male Female Date of Birth: Mont	th January	Day <u>01</u> Year <u>2000</u>	_					

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					APPLIC	AHON	OF IN	ILENI					
Name Lucas Nathan Scott Social Security Number 123-45-6789													
E	DUCA	TION	Atta	ch transcripts fro	om each college or u	niversity a	ttended an	d list bel	ow. See ir	nstructions. (Use	additior	nal sheets if	: need
Highest Degree *1 Total Semester Earned BBA (May 2024) Hours Completed					Semester Hrs Completed in Accounting 21 *3 Semester Hrs Completed in Related Business 24 *4								
FICE COLLEGE NAME AND ADDRESS OF CODE COLLEGE / UNIVERSITY			FR MO	DEODEE					DUATION DATE *5				
009	930	Univers	ity of	Texas - Permian I	Basin	08	2020	12	2023	BBA	05	2024	
													ĺ
AC	COUN	TING		JRSES COMP		RTER HOU		t by 2/3 to		r hours. DO NOT F	ROUND	SEM. HRS	
1	ACCT :		Interr	ACCOUNTING CO nediate Accountin					- Permian	Basin		OR EQUIV	
2	ACCT :			nediate Accounting	<u> </u>				- Permian			3	
3	ACCT			Accounting Princip			-	University of Texas - Permian Basin				3	
4	ACCT	3305 F	eder	al Income Tax			University	University of Texas - Permian Basin				3	
5	5 ACCT 3333 Information Systems Fundamentals					University	University of Texas - Permian Basin 3				3		
6	ACCT 4304 Governmental and Not for Profit Accounting					University	University of Texas - Permian Basin			3			
7	ACCT4310 Oil & Gas Accounting University of Texas - Permian Basin						3						
Co	TOTAL COMPL Required 2 semester credit hours of Accounting Research and Analys Course No. 4314 Course Title Accounting Research Course Title									21 Hrs (3) Hrs	*7		
	LATE			_	S COMPLETED		_	GE OR UNI	VERSITY			SEM. HRS OR EQUIV	
1				iness Communicat					ıs - Permiai			3	
2				iness and the Law				•	s - Permiai			3	
3				duction Operations				-	s - Permiai			3	
4						University of Texas - Permian Basin 3							
5						University of Texas - Permian Basin 3							
6	MNGT 4375 Strategic Managment FINA 4320 International Finance				University of Texas - Permian Basin 3								
7	FCO				an a milea			University of Texas - Permia University of Texas - Permia				3	
8	ECO	N 2301	Prin	ciples of Macroeco	onomics		Universi	ty of Texa	is - Permiai	n Basin		3	
TOTAL COMPLETED SEMESTER HRS OF RELATED BUSINESS COURSES 24 *1													
					Business/Accounting siness Communciation				Injvorcity	of Tayas Barmin	a Sam	. Hrs 3	
				———	Siness Communiciality	0118		ge/Univ <u>u</u> ge/Univ	niiversity	of Texas - Perm	-	. Hrs <u>3</u> Hrs	
	ourse No	J	_ '	Course Title				ge/Only _			- Seili		

- 1. Indicate semester **YOU** plan to graduate.
- 2. Indicate the **total** hours **YOU** have completed based on your transcript(s).
- 3. Indicate the **total** accounting hours **YOU** have completed.
- 4. Indicate the **total** related business hours **YOU** have completed.
- 5. Indicate the semester **YOU** plan to graduate. **Note:** if your graduation semester is not available in the drop-down box, and it most likely will not be available, handwrite it in neatly after you print the app
- 6. Indicate the upper division accounting courses **YOU** have taken or will complete prior to sitting for the exam. Refer to "CPA Accepted Courses" for a list of courses at UTPB that meet the Boards definition of upper division accounting courses.
- Indicate the total accounting hours you have completed at the time of application submission.
 Minimum hours required: 21
- 8. If you are currently enrolled in a class you are listing, put the hours in parentheses (3) to indicate the course is not yet completed.
- 9. Indicate the related business classes **YOU** have completed, including:
 - Finance (FINA)
 - Management (MGMT)
 - Information Systems or Technology
 - Business Law
 - Economics (ECON any college level course will count as upper division)
 - Statistics and Quantitative Methods (any college level course will count as upper division)
 - Marketing (MKTG)
 - Business Communication
- 10. Indicate the total related business hours have completed at the time of application.

Minimum hours required: 24

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APPLICATION OF INTENT

Name	Lucas	Nathar	1 Scott	Social Security Number	123-45-6789					
BUSINESS INFORMATION, IF EMPLOYED (NOT PROVIDED TO THE NATIONAL CANDIDATE DATABASE)										
Employer's Name *11										
2 AFFIDAVIT OF APPLICANT										
		Initial								
*13	⊙ No	_LS_	Have you ever been arrested or charged with "YES," complete and submit a Background St report criminal records that have been expung records subject to a non-disclosure order.	atement form. Misdemeanors should	d be included. You are not required to					
*14 CYes	€No	_LS_	Have you ever been convicted or placed on deferred adjudication for a felony or a misdemeanor crime by any state or local government or by the federal government? If "YES," complete and submit a Background Statement form. Misdemeanors should be included. You are not required to report criminal records that have been expunged or sealed by an order of the court. You are required to report criminal records subject to a non-disclosure order.							
*15	⊚ <u>No</u>	<u>LS</u>	Do you currently reside, or have you resided for any part of the last two years, outside the United States or its territories? If "YES," you must provide a certificate indicating a lack of a history of dishonest or felonious acts from your country of residence. (See <i>Background Investigation</i> for further information.)							
○Yes	⊙ No	LS	I am requesting testing accommodations under	er the Americans with Disabilities Ac	t of 1990.					
○ Yes	⊙ No	LS	Do you presently hold a professional license of	of any type in any state?						
○ Yes	⊙ No	LS	Have you ever been denied, revoked, or susp	ended from holding any type of prof	essional license in any state?					
○ Yes	⊙ No	LS	Have you ever applied to take the Uniform CF	PA Examination in the state of Texas	?					
⊜Yes	⊙ No	LS	Have you ever applied to take the Uniform CP	PA Examination in any state?(If "YE	S," indicate in which state.)					
Yes	○No	LS	Have you answered all questions truthfully and on all supporting documents to the best of you		each page of the Application of Intent and					
⊚Yes	○No	<u>LS</u>	I acknowledge that by submitting the Applicati Occupations Code), the Texas State Board of promulgated by the Board. Any violations of the disciplinary action against a candidate, a certification	Public Accountancy <i>Rules of Profes</i> ne <i>Act</i> or its rules prior to licensure of	ssional Conduct, and all other rules ould be cause by the Board to take					
Account	tancy fo or affirn	r the sol n that th	ate Board of Public Accountancy to share i e and specific purpose of maintaining the N e information contained in this Application my falsification of a government record is s	lational Candidate Database.						

Remember to sign this document after printing. Application cannot be processed without signature.

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Signature

Lucas Scott

Date <u>02/01/2024</u>

- 11. Even if you have signed with a firm, you are not officially employed by them and are not required to complete this section.
- 12. Answer these questions appropriate for **YOU**.
- 13. If you were 17 or older at the time of arrest, say **YES**. You are **NOT** required to report criminal records that have been expunged or sealed. You **MUST** report criminal records subject to non-disclosure.
- 14. Most likely, the sample shows the answers as appropriate to you, but please answer them as they fit **YOU**.
- 15. If you completed a study abroad, that is not considered "residing outside the United States."