



**Occupational and Professional Licensing Administration
District of Columbia Board of Accountancy**

CPA EXAM SCORE TRANSFER FORM

Please mail this form with a check or money order for \$30 made payable to **DC Treasurer** to the District of Columbia Board of Accountancy at 1100 4th Street, SW, Suite 500E, Washington, DC 20024.

NAME/CONTACT INFORMATION

First name: _____

Middle name: _____

Last name: _____

Street address: _____

City/State/Zip: _____

Phone number: _____

Email address: _____

Province: _____

Country: _____

AUTHORIZATION

By completing this form, I authorize the DC Board of Accountancy to provide my CPA exam scores to the _____ Board of Accountancy.

Please provide the address below where you would like the scores sent.

Street address: _____

City/State/Zip: _____

Signature: _____ Date: _____

Updated June 2018