SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

SOUTH DAKOTA BOARD OF ACCOUNTANCY

301 East 14th Street, Suite 200, Sioux Falls, SD 57104 605.367.5770 accountancy.sd.gov

AFFIDAVIT FOR RETIRED STATUS AND CPE EXEMPTION FOR THE YEAR ENDING JULY 31, 2023

The retired certificate fee is \$10. Make check payable to the SD Board of Accountancy. No cash please.

First Name:	Middle:	Last:	
Address:	City:	State:	Zip:
Phone number:	Email:		
Certificate Number:	Date Issued:		
I hereby advise the South Dak	ota State Board of Accountancy th	at I wish to voluntarily registe	r my certificate as
"Retired" as of	(date). I understand	I am giving up my right to pra	ctice public accounting.
of South Dakota and the use of the t the use of the credential. I understa services involving the use of account management advisory, financial advi warrant and affirm that I have not po certify that I have read and understa	ip the right to use the title of certified pubitle which includes the abbreviations CPA, and that by making this election, I cannot ping or auditing skills, including issuance of sory or consulting services, or the preparaerformed these services since	PA and the word "Accountant" unler the perform or offer to perform for the performs on financial statements, or a stion of tax returns or the furnishing (date must precededing rule 20:75:04:08 which states the	ess I indicate "Retired" following ublic one (1) or more kinds of of one (1) or more kinds of of advice on tax matters. I date of retirement). I further
I reached the age of 55 on renewal fees.	I am no longe	er subject to CPE. I understand that	I am subject to the annual \$10
	Dakota SDCL 36-20B and/or the rules and r disciplinary action by the South Dakota E		oard of Accountancy thereto in
and to the best of my knowledge and	n under the penalties of perjury that this o d belief, is in all things true and correct. An rue, in whole or in part, shall be guilty of p	ny person who signs such statement	
occurrence of any denial of an appli	each holder of an individual license shall cation or revocation or suspension of a co ny. If you answer "Yes" to any of the que ewal:	ertificate or license in another state	or any change of address,
yes no Have you been charg to any criminal offense (excluding no	ged, arrested, convicted, found guilty of, re on-criminal traffic infractions)?	eceived a prayer for judgment contir	nued, or pleaded nolo contende
yes no Have you had an app state or federal agency, or governing	olication for a certificate or license denied or licensing board?	or a certificate or license suspended	, canceled, or revoked by any
yes no Have you been inves a state or federal agency or the AICP	tigated, charged, or disciplined; or are you A or any state CPA society?	រ currently under investigation by a រុ	governing or licensing board or b
	to any civil suit, bankruptcy action, admir gence, dishonesty, fraud, misrepresentati		itration; the basis of which is
Signature		Date	

BOA27 1 Rev. 06/2022