

8. **Candidates with Disabilities:** Applicants requiring modifications in the examination administration due to a disability must obtain an official modification form from the South Dakota Board of Accountancy. Applicants must complete and submit this form every time they apply for the examination and require special modifications. The completed form must be returned to the South Dakota Board of Accountancy with all required documentation at the time of application.

9. **ATTESTATIONS**

- I understand and agree that I will not divulge the nature or content of any examination question or answer to any individual or entity; I will report to the Board any solicitations or disclosures to which I become aware; I will not remove, or attempt to remove, any examination materials from the examination room. Failure to comply with this attestation may result in my invalidation of exam grades, disqualification from future Uniform CPA Examinations, and facing possible civil and/or criminal penalties.
- I confirm that I have read and understand the provisions contained in the "Information for Applicants." I agree that in the event my examination data are lost or damaged, any claim I may have will be limited to the examination fee(s) paid by me.
- I understand and agree that the information I provided above will be shared with the National Association of State Boards of Accountancy (NASBA).
- Under penalty of perjury, I certify to the truth and accuracy of all statements, answers, and representations made in the foregoing application, and in all supplementary statements and materials.

SIGNATURE OF APPLICANT

DATE