BOARD OF ACCOUNTANCY
Professional and Vocational Licensing Division

Department of Commerce and Consumer Affairs
State of Hawaii
335 Merchant St., Room 301 - P.O. Box 3469
Honolulu, Hawaii 96801
Access this form via website at: **www.hawaii.gov/dcca/pvl**

APPLICATION FOR TEMPORARY PERMIT TO PRACTICE

1. Name _____

2. Firm _____

3. Mailing address _____
   Number Street City State Zip Code

4. In what jurisdiction are you **currently** licensed as a CPA or PA?

   _____ Certificate No. _____

5. Is the practice to be engaged in Hawaii merely incidental to your regular practice? _____
   (Temporary permit not required if performing only peer review.)

6. Temporary permit requested from _____ to _____
   Mo. Day Yr. Mo. Day Yr.

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of permit (Section 710-1017, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Chapter 466, Hawaii Revised Statutes, and Chapter 71, Hawaii Administrative Rules, as they pertain to temporary permits to practice.

Date _____ _____
Signature

INSTRUCTIONS

1. **The total fee of $210** must accompany this application. *(Application fee - $25 + Permit fee - $150 + Compliance Resolution Fund - $35.)* The application fee is non-refundable. Make check payable to *COMMERCE & CONSUMER AFFAIRS*. Note: A $15 service fee will be charged for checks which are not honored by the bank.
2. **Attach** a statement signed by an official of the jurisdiction which issued your certificate or license, attesting that it is currently valid and unrevoked.
3. **Attach** a statement signed by yourself specifying and detailing the extent of the practice in which you propose to engage in Hawaii. The names and addresses of all clients must be disclosed as part of this statement.
4. Application must be filed not later than 60 days prior to commencement of the period covered by this application. **Temporary permits are valid for 90 days only.** A new application must be filed for each 90-day period.
5. Answer all questions, **attach** all required supporting statements, and **sign** this application.

For Board Use Only

Requirements:
PA or CPA certificate _____
Employment statement _____
Approved by _____ Date _____

Board action _____
Permit issued _____

App	005	$ 25
Temp Permit	011	$150
CRF	006	$ 35

CPA-13 1104R