



ACCREDITED BUSINESS ACCOUNTANT®/  
ACCREDITED BUSINESS ADVISOR®  
EXISTING ELIGIBLE CREDENTIAL APPLICATION

*Please complete all sections of this two-page application and return with the application fee to  
ACAT, 1010 N. Fairfax Street, Alexandria, VA 223141574.*

Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
Last Name First Name Middle Initial

Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ ; Email \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ ; NSA Member # (if applicable) \_\_\_\_\_ ; EA number is (if applicable) \_\_\_\_\_

**Existing Eligible Credential**

Certified Public Accountant, License Number/State: \_\_\_\_\_

State Licensed Accountant, License Number/State: \_\_\_\_\_

**Continuing Professional Education**

I verify that I have met the CPE requirements for the existing eligible credential selected above as required by the credential issuing body.

**Application Fee: \$150**

*(Fully refunded if your application is not approved)*

**Payment Options**

My check or money order for \$150 is enclosed.

Please charge my credit card in the amount of \$150:

Visa;  MasterCard;  American Express;  Discover

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code: \_\_\_\_\_  
*(on back of credit card)*

## Declaration

I, the undersigned, am applying for the Accredited Business Accountant/ Accredited Business Advisor credential. I recognize that my state law regulates the terms and conditions under which the word "accountant" may be used. I declare under penalty of perjury that the following statements are true and correct:

1. I am currently a licensed CPA and/or a licensee of a state board of accountancy in good standing.
2. I have read and understand the ACAT Code of Ethics and agree to adhere to the provisions of the Code and Rules of Professional Conduct as they exist and as they may be amended from time to time.
3. I understand that in order to maintain my accredited status I must adhere to ACAT's requirements for ongoing professional development. I further understand that ACAT reserves the right to request, at its discretion, proof of adherence to this requirement.
4. I understand that along with authorization to use the marks "Accredited Business Accountant" or "Accredited Business Advisor" I will receive Guidelines for Usage of the Marks and agree to adhere to the provisions of the Guidelines as they presently exist and as they may be amended from time to time.
5. I agree to be subject to the policies and procedures of ACAT and agree to follow all federal and/or state regulations that may be applicable.
6. I further agree that ACAT has the right to revoke my license to use the designation "Accredited in Accountancy/Accredited Business Accountant" if it finds, in accordance with its policies and procedures, that I have failed to comply with the agreements that I have made in this Declaration. I agree that ACAT has the unrestricted right to send ACAT communications to the email address and fax number I provide.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mail or fax this completed form to the ACAT national office.  
Please keep a copy of this form for your records.

ACCREDITATION COUNCIL FOR ACCOUNTANCY AND TAXATION

1010 N. Fairfax Street • Alexandria, VA 22314 • 888.289.7763 • Fax: 703.549.2984 • Email: [info@acatcredentials.org](mailto:info@acatcredentials.org)