

III. Application Fee (Fully refunded if your application is not approved)

___ My Check/Money Order for the **\$150 application fee** is enclosed

Charge the **\$150 application fee** to my ___ **AMX**; ___ **Visa**; ___ **MasterCard**; ___ **Discover**

Account # _____ Exp. Date _____ Security Code _____
(on back of card)

IV. Declaration

I, the undersigned, am applying for use of the service mark Accredited Tax Preparer.

As a condition of being awarded the right to use the mark, I declare under penalty of perjury that the information contained in this application is true and correct. I further declare that:

1. I have not been convicted (nor entered a plea of nolo contendere) of any criminal offense under the revenue laws of the United States, or of any offense involving dishonesty, or breach of trust under Federal or state laws. Moreover, I have not been the subject of discipline with regard to my professional conduct by either Federal or state regulatory authorities, nor am I currently the subject of an investigation with regard to my professional conduct. If there is any exception to the foregoing, I have described the facts in detail on a separate attachment to this Declaration.
2. I have read and understand the ACAT Code of Ethics and agree to adhere to the provisions of the Code as they exist and as they may be amended from time to time.
3. I understand that along with authorization to use the mark I will receive the Guide for Use of the Credentials and agree to adhere to the provisions of the guidelines as they presently exist and as they may be amended from time to time.
4. I understand that to maintain my accredited status I must submit verification of continuing education in taxation every three years. I agree to maintain my accreditation by submitting 72 hours of CPE in federal taxation every three years as required.
5. I agree to be subject to the policies and procedures of ACAT and will follow those federal and/or state regulations that may be applicable.
6. I further understand and agree that ACAT has the absolute and unrestricted right to revoke my right to use the mark(s) if it finds, in accordance with policies and procedures as adopted and amended from time to time, 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 _____

Contact Information:
Accreditation Council for Accountancy and Taxation
1010 North Fairfax Street, Alexandria, VA 22314
Phone: (888) 289-7763, Fax: (703) 549-2984