

**Request to Retire a CPA  
License or a  
CPA-Inactive  
Certificate**

**Board of Accountancy**  
**Washington State**



**NO FEE**

Complete this form if you wish to put your status into a retired status effective immediately.

**CONTACT INFORMATION**

Full Name: \_\_\_\_\_

License/CPA-Inactive Certificate #: \_\_\_\_\_

Mailing Address (including city, state, zip code, country):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**CERTIFICATION SECTION**

I certify that:

I wish to be classified as "Retired."

While retired, I will not use the title CPA, CPA-Inactive or CPA-Retired in any way in Washington State unless I qualify for practice privileges per RCW 18.04.350(2).

The information on this form is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail To:** PO Box 9131, Olympia, WA 98507

**Contact:** (360) 753-2586

THE BOARD ADVISES YOU TO KEEP DETAILED COPIES OF ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS.

Please be advised: The Washington State Board of Accountancy is required to comply with the Public Records Act, [Chapter 42.56 RCW](#). The information you submit to the Board may ultimately be subject to disclosure as a public record.

Revised September 2011