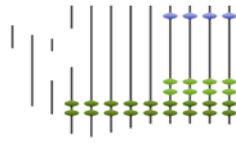


Recognized Organization
List Request Form



Board of Accountancy
WASHINGTON STATE

ORGANIZATION INFORMATION

Organization Name: _____ Daytime Phone #: (_____) _____

Contact Name: _____ Email: _____

Mailing Address (Street, City or Province, State, Zip code, and Country):

Lists are provided **only** to professional associations or educational organizations recognized by the Board. If your organization has not been formally recognized, you must submit a request to the Board. The request must include:

- Description of organization
- Why your organization is a professional association or educational organization as identified in RCW 42.56.070(8)
- Description of how your organization intends to use the list
- Other supporting documentation or information you believe to be relevant to the request

LIST TO BE USED FOR

If the intended use includes educational courses, please provide a complete description including course titles, dates of course offerings, and attach descriptions and outlines. If the intended use differs significantly from the description identified by your organization in order to gain Board recognition, this request must be reviewed by the Board.

AGREEMENT TO PROTECT LISTS OF INDIVIDUALS FROM USE FOR A COMMERCIAL PURPOSE

I certify that I have read the provisions of [RCW 42.56.070\(8\)](#) and hereby agree that the list of individuals provided to me by the Washington State Board of Accountancy will only be used for the purpose stated in this request.

Signature: _____ Date: _____

Mail to: PO Box 9131, Olympia, WA 98507

Email: publicrecordsrequest@acb.wa.gov

Phone: (360) 753-2586

Fax: (360) 664-9190

THE BOARD ADVISES YOU TO KEEP 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.