

**ARKANSAS STATE BOARD OF PUBLIC ACCOUNTANCY  
CHARACTER REFERENCE FORM for EXAMINATION**

To Whom It May Concern:

This is to **certify** that I, \_\_\_\_\_ have agreed to be a  
(Character Reference)  
character reference and I am not related to, nor a current or former employer of, but have known for  years:  
\_\_\_\_\_, an applicant for a license to

(Applicant's Name)

practice with the Arkansas State Board of Public Accountancy, and insofar as I know, he/she is of good moral character and has no history of dishonest or felonious acts or conduct involving fraud or moral turpitude. Should you require any further information in respect to this applicant's character, I am willing to answer any questions and will treat the same as strictly confidential.

Print Name:

\_\_\_\_\_  
(Must be completed/Do not leave blank)

Phone Number:

\_\_\_\_\_  
(Must be completed/Do not leave blank)

Employer/Occupation:

\_\_\_\_\_  
(Must be completed/Do not leave blank)

Email Address:

Mailing Address:

\_\_\_\_\_  
(Must be completed/Do not leave blank)

Signature:

Date:

\_\_\_\_\_  
(Character Reference must sign in presence of Notary)

**NOTARY PUBLIC USE ONLY**

**Note:** The person making this oath must be the character reference and must personally appear before the Notary to sign.  
The notary signature date below must be the same as the character reference signature date above.

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, well known to me to be the person making this oath, personally  
appeared before me:

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

(Notary Public Printed Name)

(Notary Public Signature)

Mail Form to:

**ASBPA**

**101 E. Capitol Ave., Ste. 450**

**Little Rock, AR 72201**

**Phone: (501) 682-1520**

**www.arkansas.gov/asbpa**