

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

To Whom It May Concern:

This is to certify that I am not related to, nor a current or former employer of, but have known:

\_\_\_\_\_, a candidate applying to sit for the Certified Public Accountant Exam, for \_\_\_\_\_ years 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 candidate's character, I am willing to answer any questions and will treat the same as strictly confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Mailing Address

**NOTARY**

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: \_\_\_\_\_

My commission expires: \_\_\_\_\_ Notary Seal:

**Mail Form to:  
ASBPA  
101 E. Capitol Ave., Ste. 450  
Little Rock, AR 72201  
Phone: (501) 682-1520  
[www.arkansas.gov/asbpa](http://www.arkansas.gov/asbpa)**