Arkansas State Board of Public Accountancy

101 East Capitol, Suite 450 • Little Rock, AR 72201

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Affidavit of Understanding

Individual

I acknowledge and commit to the Board that the Certificate Number _____ is lost; however, if found, I will return this certificate to the Board. Furthermore, I will comply with the provisions of A.C.A. §17-12-106, as amended hereafter.

_____ _____

Print Name Signature

_____ _____

Certificate Number Date

Firm

I acknowledge and commit to the Board that certificate number _____ is lost; however, if found, a member, partner, or shareholder of the firm shall return the certificate to the Board. Furthermore, each of the current members, partners, or shareholders of this firm will comply with the provisions of A.C.A. §17-12-106, as amended hereafter, regarding this firm. By executing this document on behalf of the firm, I represent that I have been authorized to make the above commitments and representation on behalf of the firm and each member, partner, or shareholder thereof.

_____ _____

Firm Name Signature

_____ _____

Certificate Number Date