



# Accredited Tax Advisor® and/or Accredited Tax Preparer® Existing Eligible Credential Application

Please complete all sections of this two-page application and return with the application fee to ACAT, 1010 N. Fairfax Street, Alexandria, VA 22314-1574.

- Mr.
- Mrs.
- Ms.

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Other Designations Held \_\_\_\_\_

If applicable, National Society of Accountants Membership Number \_\_\_\_\_

## **YOU MUST COMPLETE PART 1 THROUGH PART 4.**

### **Part 1. Existing Eligible Credentials for ATA and/or ATP Designations**

*You must have at least one of the credentials listed below to qualify. Please check all that apply and complete requested information.*

- Certified Public Accountant: License Number/State: \_\_\_\_\_
- Enrolled Agent: Enrolled Agent Number \_\_\_\_\_
- State Licensed Accountant: License Number/State \_\_\_\_\_
- Attorney: State Bar Number/State \_\_\_\_\_
- Graduate Degree in Taxation: Degree, University, Year \_\_\_\_\_

### **Existing Eligible Credentials exclusively for ATP Designation**

- Accredited Tax Advisor: ACAT Certificate Number: \_\_\_\_\_
- CTEC (California only): CTEC Certificate Number: \_\_\_\_\_

### **Part 2. Work Experience/Continuing Professional Education Requirements**

I am applying for **both** the **Accredited Tax Advisor** and the **Accredited Tax Preparer** designations. My signature in Section IV of this document affirms that I have at least five (5) years of work experience in tax preparation, compliance, tax planning and consulting, of which 40% is in tax planning and consulting AND that I have met the current CPE requirements for the eligible credential listed in Section I.

I am applying for the **Accredited Tax Advisor** designation only. My signature in Section IV of this document affirms that I have at least five (5) years of work experience in tax preparation, compliance, tax planning and consulting, of which 40% is in tax planning and consulting AND that I have met the current CPE requirements for the eligible credential listed in Section I.

I am applying for the **Accredited Tax Preparer** designation only. My signature in Section IV of this document affirms that I have at least three (3) years of work experience in tax preparation and compliance AND that I have met the current CPE requirements for the eligible credential listed in Section I.

**Part 3. Application Fees** (Fully refunded if your application is not approved)

**\$300** for **both** the **Accredited Tax Advisor** and the **Accredited Tax Preparer** designations.  
(ATAATPWAIVER)

**\$200** for the **Accredited Tax Advisor** designation only. (ATAWAIVER)

**\$150** for the **Accredited Tax Preparer** designation only. (ATPWAIVER)

My check or money order for \_\_\_\_\_ is enclosed.

Please charge my credit card in the amount of \_\_\_\_\_.

American Express;  Visa;  MasterCard;  Discover

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code: \_\_\_\_\_  
(on back of credit card)

**Part 4. Declaration**

I, the undersigned, am applying for use of the service mark(s) Accredited Tax Advisor and/or Accredited Tax Preparer. As a condition of being awarded the right to use the mark(s), I declare under penalty of perjury that the information contained in this application is true and correct. I further declare that:

1. I have not been convicted (nor entered a plea of nolo contendere) of any criminal offense under the revenue laws of the United States, or of any offense involving dishonesty, or breach of trust under Federal or state laws. Moreover, I have not been the subject of discipline with regard to my professional conduct by either Federal or state regulatory authorities, nor am I currently the subject of an investigation with regard to my professional conduct. If there is any exception to the foregoing, I have described the facts in detail on a separate attachment to this Declaration.
2. I have read and understand the ACAT Code of Ethics and agree to adhere to the provisions of the Code as they exist and as they may be amended from time to time.
3. I understand that along with authorization to use the mark(s) I will receive the Guide for Use of the Credentials and agree to adhere to the provisions of the guidelines as they presently exist and as they may be amended from time to time.
4. I understand that to maintain my accredited status I must submit verification of continuing education in taxation every three years. I agree to maintain my Accredited Tax Advisor designation by submitting 90 hours of CPE in federal taxation every three years as required. I agree to maintain my Accredited Tax Preparer designation by submitting 72 hours of CPE in federal taxation every three years as required.
5. I agree to be subject to the policies and procedures of ACAT and will follow those federal and/or state regulations that may be applicable.
6. I further understand and agree that ACAT has the absolute and unrestricted right to revoke my right to use the mark(s) if it finds, in accordance with policies and procedures as adopted and amended from time to time, that I have failed to comply with the agreements that I have made in this Declaration. I agree that ACAT has the unrestricted right to send ACAT communications to the email address and fax number I provide.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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CONTACT INFORMATION:  
**Accreditation Council for Accountancy and Taxation**  
**1010 N. Fairfax Street, Alexandria, VA 22314-1574**  
**Tollfree: (888) 289-7763; Fax: (703) 549-2984**