

**FORM TO REQUEST THE PURCHASE OF A CPA CANDIDATE LIST (PCCL)**

08/17

Illinois Board of Examiners  
Mailing Address: 1120 E. Diehl Road, Suite 107 • Naperville, IL 60563  
PHONE (815) 753-8900 • FAX (815) 753-8953 • WEB: [www.ilboe.org](http://www.ilboe.org) • E-MAIL: [help@ilboe.org](mailto:help@ilboe.org)

The uniform Certified Public Accountant (CPA) examination is administered quarterly with two months of testing and one month not open to testing. Following are the testing windows:

**January 1– March 10, Quarter 1 (Q1) April 1– June 10, Quarter 2 (Q2)**  
**July 1– September 10, Quarter 3 (Q3) October – December 10, Quarter 4 (Q4)**

Approved candidates have met the State of Illinois’ requirements and have also been cleared to sit for the CPA examination.

Certified candidates are allowed to state that they have passed the CPA and Ethics examinations. However, this designation does not constitute an Illinois CPA license nor does it afford the ability to hold oneself to the public as a CPA.

(Please type or print legibly)

**Date of Request (MM/DD/YYYY):** \_\_\_\_\_

**1. Name in Full** \_\_\_\_\_  
**First Middle Last**

**2. Company Name (optional)** \_\_\_\_\_

**3. Mailing Address** \_\_\_\_\_  
**Street Number Apt./Ste. Number**

**City State/Province/Country Zip/Postal Code**

**4. Email** \_\_\_\_\_ **4. Phone Number** \_\_\_\_\_

**5. Candidate Data Requested**  Addresses  E-Mails  BOTH Addresses & E-Mails

**6. Format Preference**  CD  Paper

**7. Quarter:** \_\_\_\_\_ **& Year (YYYY):** \_\_\_\_\_  APPROVED  CERTIFIED  
**Quarter:** \_\_\_\_\_ **& Year (YYYY):** \_\_\_\_\_  APPROVED  CERTIFIED  
**Quarter:** \_\_\_\_\_ **& Year (YYYY):** \_\_\_\_\_  APPROVED  CERTIFIED  
**Quarter:** \_\_\_\_\_ **& Year (YYYY):** \_\_\_\_\_  APPROVED  CERTIFIED  
**Quarter:** \_\_\_\_\_ **& Year (YYYY):** \_\_\_\_\_  APPROVED  CERTIFIED

Please be sure to include the format, exam date(s) and whether or not you desire “Approved to Sit” or “Certified”. We will process these requests as quickly as possible while taking care of other customer requests.

\_\_\_\_\_  
Name (Printed) Date \*Submission of form constitutes an electronic signature.

<b>FOR OFFICE USE ONLY</b>	
<b>Request processed by:</b> _____	_____
Name (Printed) or Signature	Date
<b>Request received via:</b> <input type="checkbox"/> Courier (Please specify) _____	<input type="checkbox"/> Mail <input type="checkbox"/> Walk-In