

**Council of Petroleum Accountants Societies, Inc. (COPAS)
Board of Examiners / COPAS Office
445 Union Blvd, Suite 207
Lakewood, CO 80228
877-992-6727**

APA® Individual Annual Registration and Assessment Form

The completed **FORM and FEE** (see # 5 below) **MUST** be RECEIVED by the COPAS office annually on or before **MARCH 31st**

DATE: _____

Name _____

Address _____

Phone Number _____

E-Mail _____

IF NAME OR MAILING ADDRESS HAS CHANGED, PLEASE INDICATE BELOW. A COPY OF APPROPRIATE LEGAL DOCUMENT MUST ACCOMPANY REQUEST FOR NAME CHANGE

Changes of professional status or mailing address which occur subsequent to registration MUST be reported by letter to the Board within 30 days of the change.

- | | | | |
|-----|---|-----|-----|
| | | Yes | No |
| 1. | In the past 12 months, have you been charged with or convicted of a felony? | [] | [] |
| 2. | In the past 12 months, have you had any other certificate of any other state, territory or foreign country canceled, revoked, or suspended or been refused renewal of a license or permit? If "Yes" attach a written explanation. | [] | [] |
| 3a. | Are you actively involved in the oil and gas industry?
<i>If yes, complete 3b and 3c. If no, complete 3d.</i> | [] | [] |

3b. **LIST JOB DUTIES HERE**

3c. **LIST EMPLOYMENT HERE**

Business Name or employer _____

Business Address _____

Address City State ZIP

- | | | | |
|-----|---|-----|-----|
| | | Yes | No |
| 3d. | Have you retired or left the industry <u>and</u> reached the age of 55?
<i>If yes, provide date retired or left industry and skip to 5. _____</i>
<i>If no, complete 4.</i> | [] | [] |

4. **CONTINUING EDUCATION REPORTING**

A minimum of 15 hours completed for the last calendar year is required. A list of completed CE credit is supplied on page 2 of this form.

[] I certify that I completed _____ qualifying continuing education credit hours during the calendar compliance year of January 1, 201__ through December 31, 201__.

(I understand that I must maintain sufficient documentation in my files for a period of five years to support this statement and that I must submit such documentation to the board if requested to do so.)

OR

[] I successfully passed the APA® exam in the last completed calendar year.

5. **FEE SCHEDULE: A \$100 registration fee for the current year is required for all APA® certificates. After March 31, add a \$25.00 Late Fee. After June 30, add a \$75 late fee. If the assessment fee and late fee are not paid by September, the accreditation will be revoked.**

6. I certify that all of the information provided on this registration is true and correct.

Signature () _____ _____
Daytime Telephone _____ Date

Check here if you **do not** want your name made available to the public as an APA®

Name:

**School, Firm, or Organization
conducting the program**

**Location of
Program**

**Title or Description of
Program**

**Principle
Instructor**

**MO/DAY/YEAR
Attended**

**TOTAL
HOURS**

TOTAL