

STATE BOARD OF ACCOUNTANCY

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 STATE BOARD OF ACCOUNTANCY
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APPLICATION FOR FIRM LICENSE

INITIAL LICENSURE - \$45.00 NON-REFUNDABLE APPLICATION FEE

AMENDMENT - \$5.00 NON REFUNDABLE APPLICATION FEE

CHECK OR MONEY ORDER MADE PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA." THERE IS A \$20.00 CHARGE FOR ALL CHECKS RETURNED "NOT PAID" REGARDLESS OF THE REASON. Applications expire 1 year after receipt at the Board Office-Applicant must file a new application with fee after 1 year. PRINT WITH BLACK OR BLUE INK-NO TYPEWRITTEN FORMS ACCEPTED.

IF THIS APPLICATION IS FOR AN AMENDMENT OF A FIRM LICENSE, PROVIDE THE CURRENT FIRM LICENSE NUMBER: AF- _____
 WHAT IS THE CHANGE BEING MADE TO THIS FIRM? _____

SECTION 1: LIST THE TYPE OF FIRM:

- PROFESSIONAL CORPORATION
 ASSOCIATION
 PARTNERSHIP
 LIMITED LIABILITY COMPANY
 LIMITED LIABILITY PARTNERSHIP

NOTE: SOLE PROPRIETOR IS NOT REQUIRED TO BE LICENSED

SECTION 2:

FIRM NAME:			
FIRM ADDRESS	STREET:		
	CITY/STATE		
	ZIP CODE:		
BUSINESS TELEPHONE NUMBER:			
EMAIL ADDRESS:			
Would you like us to communicate with you regarding this application via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 3: LIST THE NAME, HOME ADDRESS, LICENSE NUMBER AND OWNERSHIP PERCENTAGE OF EACH CERTIFIED PUBLIC ACCOUNTANT OR PUBLIC ACCOUNTANT WITH EQUITY INTEREST IN THE FIRM. IF NOT LICENSED IN PENNSYLVANIA, PROVIDE A COPY OF CURRENT LICENSE IN ANOTHER JURISDICTION. NOTE: TOTAL PERCENTAGE OF LICENSEE AND NON-LICENSEE OWNERSHIP IN SECTION 3 MUST TOTAL 100% (USE ADDITIONAL SHEETS IF NECESSARY)

NAME	HOME ADDRESS	LICENSE NUMBER	PERCENT

LIST THE NAME, HOME ADDRESS AND OWNERSHIP PERCENTAGE OF EACH QUALIFIED NON-LICENSEE WITH EQUITY INTEREST IN THE FIRM. SEE SECTION 8.8 OF THE CPA LAW. NOTE: TOTAL PERCENTAGE OF LICENSEE AND NON-LICENSEE IN THIS SECTION MUST TOTAL 100%. (USE ADDITIONAL SHEETS IF NECESSARY)

NAME	HOME ADDRESS	PERCENT
TOTAL LICENSEE AND NON-LICENSEE OWNERSHIP (NOTE: MUST TOTAL 100%) - - - -		100%

SECTION 4: LIST THE REQUIRED INFORMATION FOR THE PERSON SIGNING THIS APPLICATION:

NAME:		
BUSINESS ADDRESS	STREET	
	CITY/STATE	
	ZIP CODE	
LICENSE NUMBER:		

SECTION 5: CERTIFICATION

I VERIFY THAT THIS FORM IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18PA C.S. §4911.

HAVING READ THE CPA LAW AND SPECIFICALLY SECTION 8.8, AS AN OFFICER OF THE AFOREMENTIONED FIRM, I HEREBY APPLY FOR LICENSURE OF SAID FIRM FOR THE PRACTICE OF PUBLIC ACCOUNTING IN THE COMMONWEALTH OF PENNSYLVANIA UNDER THE RULES AND REGULATIONS PRESCRIBED AND ADOPTED BY THE BOARD. I HAVE SECTIONS 8.8(D) AND 8.8(E) OF THE CPA LAW AND MY BELOW SIGNATURE CERTIFIES THAT THIS FIRM HAS MEET THE REQUIREMENTS AS LISTED IN SECTIONS 8.8(D) AND 8.8(E).

I UNDERSTAND THAT MY NAME WILL APPEAR ON THE FIRM'S LICENSE AND THAT I WILL BE CONSIDERED FOR LICENSURE PURPOSES AS THE "RELATED ACTIVITY" FOR THE FIRM.

ADDITIONALLY, I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND THAT I AM OF GOOD MORAL CHARACTER. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PENALTIES OF 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND MAY RESULT IN THE SUSPENSION OR REVOCATION OF MY LICENSE OR CERTIFICATE.

 APPLICANT SIGNATURE (SAME PERSON AS LISTED IN SECTION 4)

 DATE