

STATE BOARD OF ACCOUNTANCY

MAILING ADDRESS
 STATE BOARD OF ACCOUNTANCY
 P.O. BOX 2649
 HARRISBURG, PA 17105

COURIER ADDRESS
 STATE BOARD OF ACCOUNTANCY
 2601 NORTH THIRD STREET
 HARRISBURG, PA 17110

PHONE 717-783-1404
FAX 717-705-5540
E-MAIL st-accountancy@pa.gov
WEB www.dos.pa.gov/account

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." A \$20.00 CHARGE FOR ALL CHECKS RETURNED "NOT PAID" REGARDLESS OF THE REASON.

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. Issued license, once application is approved/processed, will expire December 31st of the odd numbered year. You may need a current Peer Review to renew your license-check the Law/Regulations.

PRINT WITH BLACK INK.
 Submit original application, not a copy.

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:

FIRM NAME:		
FICTITIOUS NAME:		
FIRM ADDRESS	STREET:	
	CITY/STATE	
	ZIP CODE:	
FIRM 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 2:

LIST THE DESIGNATED LICENSEE OF THIS FIRM: See Section 8.8(3) of the Law.

DESIGNATED LICENSEE'S NAME:		
FIRM ADDRESS	STREET	
	CITY/STATE	
	ZIP CODE	
PENNSYLVANIA LICENSE NUMBER:		<u>CA</u> _____

LIST THE NAME AND 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	LICENSE NUMBER	PERCENTAGE

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

NAME	PERCENTAGE

SECTION 3:

Any **qualified NON-LICENSEE listed in Section 2** above must answer the following questions: *If you answered "yes" to questions 3-7, provide a full written explanation in addition to a certified copy of the record with this application.*

	YES	NO
1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
2. If you answered yes to the above question, please provide the profession and state or jurisdiction: _____		
3. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	<input type="checkbox"/> CHECK HERE IF ACTION WAS TAKEN IN PA-CERTIFIED COPIES NOT REQUIRED IF ACTION TAKEN BY PA BOARD	
4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
6. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD) as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
7. Do you currently have any criminal charges pending and unresolved in any-state or jurisdiction?		

SECTION 4: VETERAN/RESERVIST APPLICANT-

CHECK BOX IF CLAIMING A BUSINESS FEE EXEMPTION FOR VETERAN-OWNED AND RESERVIST-OWNED SMALL BUSINESS UNDER ACT 135 OF 2016 (51 PA.C.S. §§ 9610-9611)

UNDER ACT 135 OF 2016, VETERANS AND RESERVISTS STARTING A SMALL BUSINESS IN THE COMMONWEALTH ARE EXEMPT FROM THE PAYMENT OF A BUSINESS FEE EFFECTIVE JANUARY 2, 2017. THEREFORE, THE BOARD WILL WAIVE THE INITIAL APPLICATION FEE FOR VETERAN- OR RESERVIST-OWNED SMALL BUSINESSES AS FOLLOWS:

1. THE VETERAN/RESERVIST OWNER(S) MUST CERTIFY BELOW THAT THEY ARE STARTING A SMALL BUSINESS IN THE COMMONWEALTH. A SMALL BUSINESS MUST BE INDEPENDENTLY OWNED, NOT DOMINANT IN ITS FIELD OF OPERATION AND EMPLOY 100 OR FEWER EMPLOYEES.
2. THE VETERAN/RESERVIST OWNER(S) MUST ATTACH PROOF OF THE VETERAN'S OR RESERVIST'S STATUS AT THE TIME THE INITIAL APPLICATION IS SUBMITTED. SUCH PROOF INCLUDES A LEGIBLE PHOTOCOPY OF:
 - A FEDERAL DD-214 FORM
 - A FEDERAL NGB-22 FORM
 - A VALID FEDERAL VETERANS' ADMINISTRATION CARD OR
 - A VALID DEPARTMENT OF DEFENSE-ISSUED MILITARY IDENTIFICATION CARD

CERTIFICATION STATEMENT:

I HEREBY CERTIFY THAT I AM APPLYING FOR THIS LICENSE IN ORDER TO START A SMALL BUSINESS IN THE COMMONWEALTH OF PENNSYLVANIA AS DEFINED ABOVE AND THAT I AM A VETERAN OR RESERVIST AS EVIDENCED BY THE ATTACHED DOCUMENTATION.

SIGNATURE OF VETERAN/RESERVIST APPLICANT

DATE

PRINTED NAME OF VETERAN/RESERVIST APPLICANT

****USE ADDITIONAL SHEETS AS NECESSARY FOR EACH VETERAN/RESERVIST OWNER**

SECTION 5: CERTIFICATION-

I VERIFY THAT THIS APPLICATION 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 UNDER 18 PA. C.S. §4911.

HAVING READ THE CPA LAW AND SPECIFICALLY SECTION 8.8, AS THE DESIGNATED LICENSEE 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 READ SECTIONS 8.8(D) AND 8.8(E) OF THE CPA LAW AND MY BELOW SIGNATURE CERTIFIES THAT THIS FIRM HAS MET 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 "CONTACT PERSON" FOR THE FIRM.

I VERIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS ARE MADE SUBJECT TO THE PENALTIES OF 18 PA C.S. §4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES) AND MAY RESULT IN THE SUSPENSION, REVOCATION OR DENIAL OF MY LICENSE, CERTIFICATE, PERMIT OR REGISTRATION.

DESIGNATED LICENSEE SIGNATURE (SAME PERSON LISTED IN SECTION 2)

DATE – MUST BE WITHIN 30 DAYS OF RECEIPT IN BOARD OFFICE

NOTE: ATTEST ACTIVITY RENDERED IN THIS COMMONWEALTH SHALL BE UNDER THE CHARGE OF A CERTIFIED PUBLIC ACCOUNTANT OR PUBLIC ACCOUNTANT WHO HOLDS A CURRENT LICENSE TO PRACTICE PUBLIC ACCOUNTING IN THIS COMMONWEALTH OR ANOTHER STATE.