Kentucky State Board of Accountancy
332 W Broadway #310 • Louisville KY 40202
502-595-3037 • http://cpa.ky.gov • Email cpa@ky.gov

OUT OF STATE FIRM APPLICATION

Out of State firms are required to obtain a license ONLY IF performing AUDITS for a Kentucky entity. Submit the firm's current peer review report and acceptance letter with this application.

Firm Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Email _____

Check One: ☐ Partnership ☐ Professional Service Corporation ☐ Corporation
☐ RLLP ☐ PLLC ☐ LLC ☐ LLP

Answer the following questions regarding your firm:

Yes ☐ No ☐ Does your firm have any non-CPA owners? If yes, do the CPA's own 51% or more of the firm? Yes ☐ No ☐

Yes ☐ No ☐ Is the firm registered with the Kentucky Secretary of State's office? Out-of-State business entities may/may not be required to register with the Kentucky Secretary of State. Check with your attorney. If no, provide a copy of the registration filed with the Secretary of State's office in your home state.

Yes ☐ No ☐ Has the firm been investigated, charged or disciplined; or is currently under investigation by a licensing board or state or federal agency?

List all CPA Owners:

NAME	KY LICENSE NO.	OFFICE LOCATION

List all non-CPA Owners:

NAME	KY LICENSE NO.	OFFICE LOCATION

List all CPA Employees who regularly practice in Kentucky:

NAME	KY LICENSE NO.	OFFICE LOCATION

I, _____ hereby certify that all the information in this application is true and correct. I further state that all other provisions of KRS Chapter 325, accompanying regulations and all other laws of the Commonwealth applicable to the firm's particular form of business organization shall be followed. I understand that should there be any changes in ownership, Kentucky CPA employees, firm name, address or other significant information, the Board must be notified in writing within 30 days of the change(s).

_____, CPA _____
Signature of Firm Manager Date

Enclose a check for $100 made payable to the Kentucky State Board of Accountancy along with your peer review information. This application will be presented to the Board at the next regularly scheduled meeting. Upon approval, a confirmation letter and firm license will be mailed to you.

FOR BOARD USE ONLY

STAFF APPROVAL _____

BOARD MEETING DATE _____

BOARD APPROVAL _____
(Board President)

Rev. 2014