Kentucky State Board of Accountancy
312 Whittington Parkway #200 • Louisville KY 40222
502-595-3037 • http://cpa.ky.gov • Email cpa@ky.gov

## **INSTATE FIRM APPLICATION**

Firm I	Name _						
Addre	ess						
City			State	Zip	Code		
Phone	e#		E	mail			
Check One:		Partnership	Partnership Professional Service Corporation Corporation		Corporation		
		RLLP	PLLC	LLC	LLP		
Answ	er the fo	llowing questions	regarding your fire	n:			
Yes	No	Is this firm solely owned by natural persons?					
Yes	No	any other mat CPA owners n	Is the firm misleading as to the legal form or as to the persons who are CPA owners or any other matter. Note that the names of one or more deceased, retired or withdrawn CPA owners may be included in the name of a firm or its successor. Non-CPA owners shall not be included in the firm name.				
Yes	No	Is the firm regi	Is the firm registered with the Kentucky Secretary of State's office?				
Yes	No	Does your firm have any non-CPA owners?					
Yes	No	Do the CPA's own 51% or more of the firm?					
Yes	No		Has the firm been investigated, charged or disciplined; or is currently under investigation to a licensing board or state or federal agency?				
Peer F	Review I	nformation:					
Is this	office pe	rforming audits, re	views or compilations	s? Yes No			
Has o	r will you	r firm enroll in a pe	er review program? `	Yes No If Y	es, submit proof of enrollment.		
List al	II Branch	n Offices located i	n Kentucky: (If spac	ce is not sufficient	t, attach an additional sheet)		
1. Add	dress						
City _			State _	Zip	Code		
Phone	<b>;</b> #		Resident C	PA Manager			

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 practical	ctice in Kentucky:	
NAME	KY LICENSE NO.	OFFICE LOCATION
		0.1102 20 0.11101
other laws of the Commonwealth applicab	ther provisions of KRS C le to the firm's particular e any changes in owners ust be notified in writing w	hip, CPA employees, firm name, address or
Signature of Firm Manager	, CPA Date	
Enclose a check for \$100 made payable peer review information (if applicable).	e to the Kentucky State This application will be	Board of Accountancy along with your
FOR BOARD USE ONLY		
STAFF APPROVAL		
BOARD MEETING DATE		
BOARD APPROVAL (Board Pres	sident)	

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