

**INSTATE FIRM 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      Is this firm solely owned by natural persons?
- Yes    No      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 Note that the names of one or more deceased, retired or withdrawn CPA owners may be included in the name of a firm or its successor.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 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 by a licensing board or state or federal agency?

**Peer Review Information:**

Is this office performing audits, reviews or compilations? Yes    No  
Has or will your firm enroll in a peer review program? Yes    No    If Yes, submit proof of enrollment.

**List all Branch Offices located in Kentucky:** (If space is not sufficient, attach an additional sheet)

1. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Resident CPA Manager \_\_\_\_\_

