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

INSTATE FIRM APPLICATION

Firm N	lame					<u>_</u>		
Addre	ss							
City			St	ate	Zip Code _	Zip Code		
Phone	#			Email				
Check One:		Partnership	Profession	Professional Service Corporation Corporation				
		RLLP	PLLC	LLC	LLP			
Answ	er the fo	ollowing question	s regarding you	ur firm:				
Yes	No	Is this firm sol	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 Note that the names of one or more deceased, retired or withdrawn CPA owners may be included in the name of a firm or its successor.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 reg	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 CPA's own 51% or more of the firm?						
Yes	No		Has the firm been investigated, charged or disciplined; or is currently under investigatio by a licensing board or state or federal agency?					
Peer	Review I	nformation:						
Is this	office pe	erforming audits, re	views or compile	ations? Yes	No			
Has o	r will you	ır firm enroll in a pe	er review progra	am? Yes N	lo If Yes, s	submit proof of enrollment.		
List a	II Branc	h Offices located	in Kentucky: (I	f space is not	sufficient, attacl	n an additional sheet)		
1. Ad	dress							
City _			S	tate	Zip Code			
Phone	e #		Resid	ent CPA Mana	ager			

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, 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 (if applicable). 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								
CTAFF ADDROVAL								
BOARD MEETING DATE								
BOARD APPROVAL								

Rev. 2014

(Board President)