

**Kentucky State Board of Accountancy**  
312 Whittington Parkway #200 • Louisville KY 40222  
502-595-3037 • <http://cpa.ky.gov> • Email [cpa@ky.gov](mailto:cpa@ky.gov)

**SOLE PROPRIETOR FIRM APPLICATION**

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

List all CPA employee(s):

NAME	LICENSE NO.

**Peer Review Information:**

Is this office performing audits, reviews or compilations? Yes      No

Is your firm enrolled in a peer review program? Yes      No      If Yes, submit proof of enrollment.

I hereby certify that all the information in this application is true and correct. I further state that all provisions of KRS Chapter 325, regulations promulgated by the Board, and all other laws of the Commonwealth applicable to the firm's particular form of business organization shall be followed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License #

\_\_\_\_\_  
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.**

<b><u>FOR BOARD USE ONLY</u></b>	
STAFF APPROVAL	_____
BOARD MEETING DATE	_____
BOARD APPROVAL	_____
	(Board President)