



John R. Kasich, Governor
 John E. Patterson, Executive Director

2016 FIRM REGISTRATION RENEWAL APPLICATION-FIRMS PERFORMING ATTEST SERVICES

All public accounting firms in Ohio that perform or offer to perform attest services, such as compilations, reviews, audits, and attestation engagements, must register with the Board. Please read the applicable laws (Ohio Revised Code sections 4701.01 and 4701.04) and rules (Ohio Administrative Code rules 4701-13-01 through 4701-13-11 and 4701-7-04).

The renewal deadline is October 31, 2016.

The Board will not WAIVE late fees. NOTE: Firms WHO HAVE NOT COMPLETED a peer review by October 31, 2016 may be subject to disciplinary action against both the firm and the owner(s) of the firm.

Renewal checklist: (Put N/A "Not applicable" in front of any item that does not apply to your firm.)

- _____ **Renewal fee: \$30.00.** Make check payable to: Treasurer, State of Ohio.
- _____ Copy of the firm's letterhead including the mailing address, telephone number, and contact person for each Ohio office.
- _____ List of names, addresses, and CPA/PA numbers of all owners of the firm. Place an asterisk* behind the last name of any non-CPA/PA owner with the percentage of ownership.
- _____ List of names, addresses, and CPA/PA numbers of all employees at the firm. If the employee is not licensed, place an asterisk (*) by their name.
- _____ Signed statement on firm letterhead, if the firm is a limited liability entity, that the firm possesses adequate professional liability insurance per rule 4701-13-01.
- _____ Signed statement on firm letterhead that the firm is in compliance with divisions (C) and (D) of section 4701.04 of the Ohio Revised Code.
- _____ Completed Ohio Peer Review Compliance form on page two of this application.
- _____ Copy of The Ohio Society of CPA's peer review acceptance letter signed by the chairman of the OSCPA Peer Review Acceptance Committee, or AICPA Peer Review Program acceptance letter.
- _____ If the firm is requesting an exemption from the peer review requirements per division (J) of section 4701.04 of the Revised Code, please check this line and submit a completed Peer Review Exemption/Professional Services form with this application.

Name of Firm: _____ Firm ID number

Name of Chief Executive Officer: _____ Licensee ID number

Name of Contact Person if different from above: _____

_____ E-mail Address Telephone

Address: _____ Mailing Address	_____ Street Address (Physical Address)
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Address: _____ City State Zip	_____ City State Zip
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I hereby certify that to the best of my knowledge and belief, all information contained in this application, as well as the accompanying attachments, is true, accurate, and complete.

PRINTED NAME and TITLE

SIGNATURE

DATE

PEER REVIEW COMPLIANCE REPORTING FORM

In accordance with Board Rule 4701-13-11, *Reporting submission of peer review reports*, The Accountancy Board of Ohio requires information on the most recent peer review of your firm. Complete this form as indicated, sign the form, attach the required documents and mail to the address listed above with the firm renewal documents.

Name of Firm: _____ Firm ID number _____
Name of Chief Executive Officer: _____ Licensee ID number _____
Firm address: _____ Federal EIN# _____
Phone: _____ Email: _____

PROVIDE INFORMATION FROM THE PEER REVIEW REPORT

_____ System Review

_____ Engagement Review

Completion Date of Review Report: _____ Current Review Year Covered: _____

Does the firm perform: _____ Audits _____ Attestation Engagements
_____ Compilations _____ Reviews
_____ Yellow Book Audits _____ ERISA Audits
_____ FDIC _____ Audit Carrying Broker Deal
_____ SOC 1&2

List other services the firm performs for clients: _____

MANDATORY ATTACHMENTS: CHECK THE DOCUMENTS THAT ARE ATTACHED

PASS

_____ Peer Review Report
_____ Final Letter of Acceptance

PASS WITH DEFICIENCIES

_____ Peer Review Report
_____ Corrective Action Letter
_____ Was corrective action required?
_____ Date corrective action to be completed by
_____ Letter of Response
_____ Final Letter of Acceptance

FAILED REVIEW

_____ Peer Review Report
_____ Corrective Action Letter
_____ Date corrective action to be completed: _____
_____ Deadline for corrective action was: _____
_____ Letter of Response
_____ Final Letter

Officer, resident manager, or sole proprietor must sign below to certify the accuracy of the information.

Signature

Date