



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

## 2017 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, 2017.

The Board will not waive late fees. NOTE: Firms WHO HAVE NOT COMPLETED a peer review by October 31, 2017 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)

Address: _____	_____	_____	_____	_____	_____
City	State	Zip	City	State	Zip

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