



ACCOUNTANCY BOARD OF OHIO
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John R. Kasich, Governor
 John E. Patterson, Executive Director

2016 FIRM REGISTRATION RENEWAL APPLICATION-FIRMS NOT PERFORMING ATTEST SERVICES

All public accounting firms in Ohio that do not perform any financial reporting services (i.e., firms engaged in tax practice, consulting, etc.) and that use the "CPA" or "PA" designation with the firm name must register with the Board and use this renewal application. All public accounting firms in Ohio that perform attest services, such as compilations, reviews, audits, and attestation engagements, must also register with the Board as an Attest firm and are required to undergo peer review. 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 August 31, 2016. The Board will not waive late fees.

Renewal checklist: (Write 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.
- ___ 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.
- ___ List of names, addresses, and CPA/PA numbers of all employees at the firm. Place an asterisk* behind the last name of any non-CPA/PA employee. All CPA employees must hold an active Ohio Permit.
- ___ Copy of the firm's letterhead, including the mailing address, telephone number, and contact person for each Ohio office.
- ___ 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.
- ___ If the firm is requesting an exemption from the peer review requirements per division (J) of section 4701.04 of the Revised Code, the firm **MUST** submit a Peer Review Exemption form with this application.
- ___ A 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.

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	Mailing Zip	City	State	Street Zip	

I hereby state 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