



ACCOUNTANCY BOARD OF OHIO

77 SOUTH HIGH STREET, 18TH FLOOR
COLUMBUS, OHIO 43215-6128
PHONE: 614.466.4135 FAX: 614.466.2628
ACC.OHIO.GOV

RONALD J. ROTARU, EXECUTIVE DIRECTOR

2009 INITIAL APPLICATION FOR FIRM REGISTRATION

All public accounting firms in Ohio that perform attest services (compilations, reviews, audits, attestation engagements) must register with the Board. All public accounting firms in Ohio not performing 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 also register. The requirements your firm must meet in order to register are listed in the firm registration checklist below. In addition, read the applicable law (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 accountancy law and rules are available on our website.

Firm registration checklist:

- Initial registration fee of \$10.00. Make check payable to: Treasurer, State of Ohio.
List of names, addresses, and ID numbers (CPA.xxxxx or PA.xxxxx) of all licensed owners and employees of the firm.
List of all non-CPA owners of the firm.
Verification, if firm is a limited liability entity, of adequate professional liability insurance per rule 4701-13-01.
Copy of your firm's letterhead including the mailing address, telephone number, and contact person for each Ohio office.
If your 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 professional services form to the Board with this application.

Public Accounting Employment Information. Check one:

- I practice public accounting full time.
I practice public accounting part time and am employed by:

Name Address
City State Zip Telephone Number

Name of Firm:

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