



ACCOUNTANCY BOARD OF OHIO

77 SOUTH HIGH STREET, 18TH FLOOR

COLUMBUS, OHIO 43215-6128

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WWW.ACC.OHIO.GOV

RONALD J. ROTARU, EXECUTIVE DIRECTOR

2009 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 and use the renewal application for attest firms. Please 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 Board rules are available on our Web site.

Fee Schedule:

Late Fees: after 07/31/09 after 01/31/10

Table with 5 columns: Licensee count, Fee, Late Fee (07/31/09), Late Fee (01/31/10). Rows include firms with 1-4, 5-9, 10+ licensees and an additional office fee.

Make check payable to: Treasurer, State of Ohio. The renewal deadline is July 31, 2009. The Board will not abate late fees.

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

- Renewal fee: \$30.00 registration fee plus \$5.00 for each additional office. Total amount enclosed: \$
List of names, addresses, and CPA/PA numbers (CPA.xxxxx or PA.xxxxx) of all licensed employees.
List of all owners of the firm, with the CPA/PA numbers (CPA.xxxxx or PA.xxxxx) of all licensed owners.
Signed statement, if the firm is a limited liability entity, that the firm possesses adequate professional liability insurance per rule 4701-13-01. (This can be on the firm's letterhead.)
Copy of the firm's letterhead including the mailing address, telephone number, and contact person for each Ohio office.
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 professional services form with this application.
A signed statement that the firm is in compliance with divisions (C) and (D) of section 4701.04 of the Ohio Revised Code. (This can be on the firm's letterhead.)

Name of Firm: _____

Firm ID number

Name of Chief Executive Officer: _____

Licensee ID number

Name of Contact Person if different from above: _____

Table with 2 columns: E-mail Address, Telephone. Rows for Address: Mailing Address and 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