



ACCOUNTANCY BOARD OF OHIO

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COLUMBUS, OHIO 43215-6128

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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. 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.

Table with columns: Fee Schedule, Registration Fees: after 07/31/09, after 01/31/10. Rows include Firms with (1-4) licensees, (5-9) licensees, (10 or more) licensees, and For each additional office within Ohio.

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 for not applicable in front of any that do not apply to your firm.)

- Fee of \$_____, consisting of the \$30.00 renewal fee plus \$_____ for _____ additional office(s) at \$5.00 per office.
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.
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.

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) _____
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