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

JOHN E. PATTERSON, EXECUTIVE DIRECTOR

2013 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