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

John R. Kasich, Governor
John E. Patterson, Executive Director

2015 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 is required to have a peer review. 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 renewal deadline is August 31, 2015. 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**. 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.

____ Copy of the firm's letterhead including the mailing address, telephone number, and contact person for each Ohio office.

____ 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.)

____ 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 Peer Review Exemption 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: _____

_____ _____
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