

License Application or Amendment
For a CPA Firm With an
Office in Washington

Board of Accountancy
Washington State



Applying For: CPA Firm License ----- See Fees Below CPA Firm Amendment ----- \$35

FORM OF PRACTICE

- Sole proprietorship – no employees ----- NO FEE Partnership ----- \$330 LLC----- \$330
 Sole proprietorship – employees ----- \$330 PS Corporation ----- \$330 Corporation-- \$330
 Professional Corporation----- \$330 LLP----- \$330

CONTACT INFORMATION

Firm Name: _____ UBI #: _____

Mailing Address (including city, state, zip code): _____
_____ Daytime Phone: (____) _____
_____ Email Address: _____

If this application results in the dissolution of a currently licensed firm(s), please provide the following:

Firm Name: _____ Firm #: _____

BRANCH OFFICE INFORMATION – Attach additional sheets if necessary.

Address: _____ Office Managing Licensee and License Number: _____
_____ Daytime Phone Number: (____) _____

CPA FIRM AMENDMENT – Attach additional sheets if necessary.

\$35 FEE

FIRM #: _____

- I am requesting a CPA firm amendment due to:
 Admission or Departure of a CPA or NonCPA firm owner. Name and license number: _____
 Change in the name of the CPA firm. New CPA firm name: _____
 Change in the managing licensee of the main office. New Managing licensee: _____

OTHER LICENSING INFORMATION – PROVIDE SUMMARY DATA FOR ALL OFFICES IN WASHINGTON

Number of persons in the firm at date of application:
_____ Sole Proprietor – Provide License Number: _____ _____ Partners, Shareholders or Members
_____ Non-CPA Firm Owners _____ Licensed CPA Employees (do not include proprietor partners shareholders or members)

CERTIFICATION – To be completed by firm owner holding a Washington CPA license

I certify that the information on this application is true and accurate.

Signature _____ Date _____

Make checks payable to: Washington State Board of Accountancy.
All fees must be in U.S. currency and drawn on a bank with a U.S. bank affiliate listed on the face of the check or money order.

Mail To: PO Box 43113, Olympia, WA 98504
Physical: 1110 Capitol Way Suite 260, Olympia WA 98501

Contact: (360) 753-2586

THE BOARD ADVISES YOU TO KEEP DETAILED COPIES OF ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS.

Please be advised: The Washington State Board of Accountancy is required to comply with the Public Records Act, Chapter 42.56 RCW. The information you submit to the Board may ultimately be subject to disclosure as a public record. Revised October 2010

CPA Firm
Ownership
Listing Form

Board of Accountancy

Washington State



FIRM NAME: _____
 MANAGING LICENSEE: _____
 DAYTIME PHONE: _____
 EMAIL ADDRESS: _____

CPA FIRM OWNER(S) - Note: List all Washington Resident CPA firm owners.				Percentage of Ownership Interest:	
Name	Address	License #	State	Financial Interest	Voting Rights
Total - CPA Firm Owner(s) - Total Percentage of CPA Ownership Interest must be over 50%					

NON-CPA FIRM OWNER(S) - Note: List all Washington Resident Non-CPA firm owners.			Percentage of Ownership Interest:	
Name	Address	Registration # *	Financial Interest	Voting Rights
Total - NON-CPA Firm Owner(s) - Total Percentage of Non-CPA Firm Ownership Interest must be less than 50%				

<i>Total Ownership Interest - Must be 100%</i>		
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