



JOHN E. PATTERSON, EXECUTIVE DIRECTOR

2014 FIRM REGISTRATION RENEWAL APPLICATION-FIRMS PERFORMING ATTEST SERVICES

All public accounting firms in Ohio that perform or offer to perform attest services, such as compilations, reviews, audits, and attestation engagements, must register with the Board. 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.

The renewal deadline is October 31, 2014.

The Board will not abate late fees. NOTE: Firms not completing a peer review by October 31, 2014 may be subject to disciplinary action against both the firm and the owner(s) of the firm.

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.
Copy of the firm's letterhead including the mailing address, telephone number, and contact person for each Ohio office.
List of all licensed and non-licensed owners of the firm, with the CPA/PA numbers (CPA.xxxxx or PA.xxxxx). If the owner is not licensed, place an asterisk (\*) by name with the percentage of ownership. (This can be on firm's letterhead.)
List of names, addresses, and CPA/PA numbers of all licensed employees. (This can be on firm's letterhead.)
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.)
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.)
Ohio Peer Review Compliance form (On back of application.)
Copy of The Ohio Society of CPA's peer review acceptance letter signed by the chairman of the OSCPA Peer Review Acceptance Committee or AICPA Peer Review Program acceptance letter.
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 you must submit a Peer Review Exemption/Professional Services form with this application.

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