

**Certified Public Accountant
Form 6R**

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Professional Corporations Unit
518-474-3817 Ext. 400
opcorp@nysed.gov
www.op.nysed.gov

Application for Public Accounting Firm Registration
(To be completed by the CPA who accepts responsibility for this firm.)

Federal Employer Identification: _____

Firm Name: _____

Mailing Address: _____

E-mail Address: _____ Contact Person: _____

Instructions: Complete both pages of this form. Be sure to sign and date the affirmation and return the entire form along with any required documentation with the appropriate fee to the Office of the Professions at the address at the end of the form.

Fee Calculation - Please pay the minimum fee **OR** the sliding scale fee, whichever is greater.

1. The minimum fee: Professional Corporations (PCs) **\$105**
LLCs, LLPs, Partnerships, and Sole Proprietorships **\$60**

OR

2. The sliding scale fee: The minimum \$50 office fee and \$50 for each additional New York State office, plus the minimum \$10 owner fee and \$10 for each additional owner whose principal place of business is New York State and any CPA signing or supervising attest services for New York State clients whose principal place of business is outside New York State.

$$(\$50 \times \text{Office Fee (Min. 1)}) + (\$10 \times \text{Owner Fee (Min. 1)}) = \$ \text{Total Fee (Min. \$60)}$$

Note: If your firm does not have any offices in New York State, enter 1 for the \$50 office fee. If your firm has no New York State CPAs and does not perform attest services for any New York State client, enter 1 for the owner fee.

Be sure to make check or money order payable to the New York State Education Department.

Firm Information

1. Does the firm have one or more offices in New York State? (If not listed above, provide a list of the physical address of each office location in New York and the name of the responsible individual in charge of that office.)
 Yes No
2. Has the firm applied for or does it hold a registration, permit, or license as a public accounting firm in another state? (If yes, provide a list of any additional state(s), including the firm registration number and the status of any pending application.)
 Yes No
3. Has the firm been subject to disciplinary action or been denied a registration, permit or license by another state or jurisdiction in the last 3 years? (If yes, attach an explanation.)
 Yes No
4. Has the firm attached a CPA Form 6C and a complete list of all other owners who are not on the Form 6C if any? (All firms are required to do so.)
 Yes No

Note: Your firm is required to report all owners either on Form 6C or on a separate list. For the owners not listed on Form 6C, you must provide their name, CPA license ID, state where license was issued, and their state of principal place of business.

Peer Review Information

1. Authorized to conduct business as (check one): PC LLC LLP Partnership Sole Proprietorship

2. Identify the services the firm plans to perform:

a.) Attest Services: Audits Reviews Attestation Engagements Agreed Upon Procedures

b.) Non-Attest Services: Compilations Taxes Management Consulting Financial Consulting

Other _____

3. Has the firm completed and attached CPA Form 6PR? (All firms are required to do so.) Yes No

Once received and approved your firm's registration status will be available online at www.op.nysed.gov by clicking on the "Online Services" link. Please contact the Department at opcorp@mail.nysed.gov if you have any questions about the firm registration process.

Affirmation (Note for PC's: when signing, be sure to check the appropriate box)

I (We) the undersigned affirm under penalties of perjury that I am (we are) (a) certified public accountant(s) licensed to practice public accountancy in New York, my (our) office and principal place of business being located at _____ that, to the best of my (our) knowledge, all statements made in this registration regarding the said firm are true; that said firm has complied with all provisions of the laws of this State applicable there to including but not limited to the provisions of Article 149 of the State Education Law, and all applicable provisions of the Rules of the Board for Regents and Regulations of the Commissioner of Education; that the sole proprietor or each partner, member or shareholder in such firm is in good standing as a certified public accountant of one or more of the states or political subdivisions of the United States; that no state or political subdivision of the United States has revoked the certificate of the sole proprietor or each partner, member or shareholder of said firm; and that the sole proprietor or each partner, member or shareholder of said firm engages within this State in the practice of public accountancy, is a certified public accountant in good standing and is registered by the New York State Education Department or is otherwise authorized to practice in this State and is in good standing as a certified public accountant in their state of principal place of business.

Signature of sole proprietor, partner, member or shareholder (PC's only: president or vice president) CPA License number (State) _____ (_____)

Print name _____ Date _____

PC's Only, Second signature of secretary or assistant secretary CPA License number (State) _____ (_____)

Print name _____ Date _____

- Mail this form with:**
- 1) a check or money order for the appropriate fee, made payable to the New York State Education Department;
 - 2) the CPA Form 6PR;
 - 3) the CPA Form 6C and any additional owner list; and
 - 4) the certified copy of your formation document as follows: Certificate of Incorporation (domestic PC), Articles of Organization (domestic LLC), Certificate of Registration (domestic LLP), Assumed Name Certificate (Partnerships and Sole Proprietorships), Application for Authority (foreign PC and foreign LLC) or Notice of Registration (foreign LLP).

To: The New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Professional Corporations Unit, 89 Washington Avenue, Albany, NY 12234.