

**Certified Public Accountant
Form 6R-PC**

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services CPA Unit
www.op.nysed.gov

**Application for Public Accounting Firm Registration
(For Professional Corporations ONLY)**

This form must be completed by the CPA or PA Responsible for this Firm

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

Firm Name: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Federal Employer Identification: _____

Address:

Mailing Address (If different than above):

List the physical address of any additional office locations within New York (attach additional sheets if necessary):

Firm Type: PC (if any other firm type, use form 6R)

Identify the services the firm plans to perform:

- | | | | |
|---------------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> Audits | <input type="checkbox"/> Reviews | <input type="checkbox"/> Attestation Engagements | <input type="checkbox"/> Agreed-upon procedures |
| <input type="checkbox"/> Compilations | <input type="checkbox"/> Taxes | <input type="checkbox"/> Management Consulting | <input type="checkbox"/> Financial Consulting |
| <input type="checkbox"/> Other: _____ | | | |

Peer review program in which the firm is enrolled:

- AICPA NYSSCPA Exempt Other: _____

Note: All firms performing attest services must undergo a peer review of their system of quality control as a condition of re-registration beginning January 1, 2012.

Has the firm adopted a system of quality control in accordance with the provisions of the AICPA Statements on Quality Control Standards? Yes No

Who is responsible for the firm's quality review system?

Name: _____

License/Certificate Number: _____ Jurisdiction: _____

Is the firm subject to inspections conducted by the PCAOB as required by the Sarbanes-Oxley Act of 2002? Yes No

If yes, date of last PCAOB inspection: _____ / _____ / _____
mo. day yr.

If this is a successor firm, please provide the following information:

Date of last peer review: _____ / _____ / _____ Next peer review due: _____ / _____ / _____
mo. day yr. mo. day yr.

Has the firm been subjected to disciplinary action or been denied a registration, permit or license to practice public accountancy by any government or other regulatory agency? Yes No

If yes, please submit a letter giving a complete, detailed explanation.

Fee Calculation:

The triennial firm registration fee for Professional Corporations shall be the **higher** of either:

- **\$105** (general triennial filing fee for all professional Professional Corporations in Education Law 6507 (4)(c)); **or**
- A sliding scale calculation (specific registration fee for public accounting firms per Regulations of the Commissioner 70.8(d)) based on:

$$(\$50 \times \frac{\text{# of offices}}{\text{In New York}^*}) + (\$10 \times \frac{\text{# of CPA or PA}}{\text{owners in New York}}) = \$ \frac{\text{Total Fee}}{\text{Due}}$$

*If your firm does not have any offices in New York State, enter 1 for the number of offices and calculate the number of owners who are authorized to practice as a certified public accountant or account in New York State through either a license or temporary practice permit.

Listing of all states in which the firm has applied for or holds a registration, permit or license as a public accounting firm (attach additional sheets if necessary):

Affirmation (when signing, be sure to check the appropriate title)

We the undersigned affirm under penalties of perjury that I am a certified public accountant licensed or otherwise authorized to practice public accountancy in New York, my office and principal place of business being located at _____; that, to the best of my knowledge, all statements made in this application regarding the said firm are true; that said firm has complied with all provisions of the laws of this State applicable thereto 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 of 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 or a public accountant licensed in this State; that no state or political subdivisions of the United States has revoked the certificate of the sole proprietor or any partner, member, or shareholder of said firm; and that the sole proprietor or each partner, member, or shareholder of said firm engaged within this State in the practice of public accountancy, is a certified public accountant or public accountant of this State 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 his or her state of principal place of business.

Signature of President or VP

Print name

Date

Second signature of Secretary or Assistant Secretary

Print name

Date

- Mail this form with:** 1) the Certification of Ownership and Attest Competency for Firm Registration; and
2) the certified copy of the Certificate of Incorporation or the application for Authority returned to the firm by NYS Department of State.

To: The State Board for Public Accountancy, New York State Education Department, 89 Washington Avenue, 2nd Floor East Mezzanine, Albany, NY 12234.