

Registration for Non-Licensee CPA Firm Owner Application

**Board of Accountancy
Washington State**



FEE: \$330

CONTACT INFORMATION

Full Name to be registered with the Board: _____
(Last, First Middle, Suffix)

Previous Names: _____

Mailing Address (including city, state, zip code, country):

Daytime Phone Number: (____) _____

Email Address: _____

Date of Birth: _____ (month, day, year)

*SSN: _____

If you do not have a SSN, please check this box.

**Applicants are required to provide their social security number in order to assist in enforcement of child support laws and identification purposes. See RCW 26.23.150.*

CPA FIRM INFORMATION

Name of CPA Firm that you intend to hold an ownership in: _____

CPA Firm Address (including city, state, zip code, country):

GOOD CHARACTER

Please check the appropriate answer for the following questions. Attach separate page(s) explaining any "yes" answers:

YES or NO

- Have you been convicted of a felony?.....
- Have you been convicted of a crime involving dishonesty?
- Have you been issued an order, sanction, or modification of a license, certificate, permit or practice rights by the SEC, PCAOB, IRS, AICPA, GAO, OIG, or any other federal regulatory or oversight agency or federal standards setting body, or another state board of accountancy for any cause other than failure to pay a professional license fee by the due date or failure to meet the CPE requirements of another state board of accountancy?.....
- Have charges been filed by or have you been notified of an investigation undertaken by the SEC, PCAOB, IRS, AICPA, GAO, OIG, or any other federal regulatory or oversight agency or federal standards setting body, another state board of accountancy, or state taxing, insurance or securities regulatory body regarding a prohibited act that would be a violation of board ethical or technical standards?

CERTIFICATION SECTION

I certify that:

I have completed a course and an examination on materials covering all of the AICPA Code of Professional Conduct and have obtained a score of 90% or better on the exam. .

I meet the definition of an [Active Individual Participant](#) as defined in Board Rule.

The information provided on this application is true and correct to the best of my knowledge.

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 98504-3113

Contact: (360) 753-2586

Physical: 1110 Capitol Way Suite 260, Olympia WA 98501

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