

Request to
Relinquish a
CPA Firm License

Board of Accountancy
Washington State



NO FEE

Complete this application if you wish to relinquish your CPA firm license effective immediately.

FIRM INFORMATION

Firm Name: _____

Firm #: _____

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

Daytime Phone: (____) _____

Email Address: _____

Website Address: _____

CERTIFICATION SECTION – To be completed by the proprietor or managing licensee of the main office.

I certify that:

- I wish to relinquish my CPA firm license.
- While my CPA firm license is relinquished, I will not offer any attest or compilation services.
- I will not use the title CPA or Certified Public Accountants, CPA firm or any other title tending to indicate the firm is a CPA firm.
- I have enclosed the current CPA firm license.
- The information on this form is true and correct.

Signature: _____

Date: _____

Mail To: PO Box 41465, Olympia, WA 98504-1465
Physical: 1500 Jefferson Street, Olympia WA 98501

Contact: (360) 753-2586

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