

Request to Dissolve
CPA Firm License
Form

Board of Accountancy

WASHINGTON STATE



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

NO FEE

FIRM INFORMATION

Firm Name: _____

Firm #: _____

Mailing Address (*Street, City, State, and Zip code*):

Daytime Phone: (_____) _____

Email: _____

Website Address: _____

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

I certify that:

- While my CPA firm license is dissolved, 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.
- The information on this form is true and accurate.

Signature: _____

Date: _____

Mail to: PO Box 9131, Olympia, WA 98507

Phone: (360) 753-2586

THE BOARD ADVISES YOU TO KEEP 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.