



**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Accountancy**  
**Application for CPA Firm**  
**Form # DBPR CPA 4**

<b>CPA Firm Application Type</b> Select the Type of Firm Transaction Requesting	
<input type="checkbox"/> <b>Initial CPA Firm</b>	
<input type="checkbox"/> <b>Firm Name Change or Transfer</b>	
<b>Business Type</b>	
<input type="checkbox"/> <b>Partnership</b> [1035/3024]	
<input type="checkbox"/> <b>Corporation/ LLC/ Other</b> [1034/3023]	

<b>Firm Name Change</b>	
A name change is required when a firm wishes to change their firm name; add, remove or alter their DBA name. (Complete <u>only</u> if you selected the "Firm Name Change or Transfer" transaction above.)	
Previous Firm Name:	Firm License Number:

<b>CPA FIRM INFORMATION</b>		
List the name of the certified public accounting (CPA) firm as it is registered with the Florida Department of State, Division of Corporations. If using a DBA, the DBA must be registered with the Department of State, Division of Corporation as a fictitious name. A firm must have another licensed CPA as a member of the firm in order to use the terms "& Company" or "& Associates".		
CPA Firm Name		
Doing Business As (DBA)	Tax Identification Number	
<b>BUSINESS LOCATION ADDRESS</b> Must be a physical address		
Street Address		
City	State	Zip Code (+4 Optional)
County (if Florida address)	Country	
<b>MAILING ADDRESS</b> (if different than Business Location Address)		
Street Address or P.O. Box		
City	State	Zip Code (+4 Optional)
County (if Florida address)	Country	
<b>BUSINESS CONTACT INFORMATION</b>		
Enter the name of the contact person for the firm. This should be an officer, partner, or member manager of the firm able to answer questions regarding this application.		
Contact Name		
Phone Number	Email Address	
<b>ADDITIONAL CONTACT INFORMATION (Optional)</b>		
Alternate Phone Number	Alternate Email Address	



**CAPITALIZATION/LIABILITY INSURANCE**

Insurance: Applicants must obtain minimum capitalization, or public liability insurance, or an irrevocable letter of credit, in a minimum amount of \$50,000 per shareholder, officer, member, or partner and any Florida licensed CPA to a maximum of \$2,000,000, or a signed waiver of limitation on liability. See Rule 61H1-26.002, F.A.C.

Does the CPA firm have (check one)?

- Minimum Capitalization (as defined in 61H1-26.002, F.A.C.) of \$50,000 per shareholder, officer, and professional employee to a maximum of \$2,000,000; **OR**
- Professional liability insurance of \$50,000 per shareholder, officer, and professional employee to a maximum of \$2,000,000; **OR**
- A signed waiver of limitation on liability; **OR**
- Letter of credit of \$50,000 per shareholder, officer, and professional employee to a maximum of \$2,000,000.

**OWNERSHIP INFORMATION**

Provide the required information for each partner, member, and/or shareholder (attach additional sheets as necessary)

Last Name	First	Middle	Suffix
Licensed as CPA : If YES,	Yes <input type="checkbox"/> Active <input type="checkbox"/>	No <input type="checkbox"/> Non-Active <input type="checkbox"/>	State of Licensure License Number
State of Domicile		Percentage Of Ownership	

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State of Domicile		Percentage Of Ownership	

**FLORIDA CPA LICENSEHOLDERS WITH THE FIRM**List all Florida CPAs that are working with the firm or if none, check none:  None

Name	License Number
Name	License Number
Name	License Number
Name	License Number
Name	License Number

**APPLICANT INFORMATION**

Are at least 51% of the voting and financial interests in the firm CPAs in good standing in some state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business of the firm the principle occupation for all non-certified public accountant partners, shareholders, or members of the firm?	<input type="checkbox"/> Yes <input type="checkbox"/> All owners are CPAs	<input type="checkbox"/> No
Firm has no Florida domiciled owners and qualifies under Section 473.3141, F.S.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For non-CPA owners, do you have any lawsuit settlements, convictions (regardless of adjudication), or adverse judgments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**AFFIRMATION BY WRITTEN DECLARATION**

An authorized Florida licensed CPA partner, shareholder, or member must sign the affirmation by written declaration.

I have read and understand the Florida Accountancy Law and Rules pertaining to the registration and operation of a CPA firm in the State of Florida. In particular, we have become familiar with Sections 473.309 and 473.3101, Florida Statutes, and Rules 61H1-26.001, 26.002, 26.003, and 26.004, Florida Administrative Codes. It is understood that, in accordance with Rule 61H1-26.004, Florida Administrative Code, we will send written confirmation within thirty (30) days of ANY changes affecting our firm's practice in the State of Florida.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Signature of Authorized CPA Partner/Shareholder/Member:

Print Name:

Date: