

New Hampshire Board of Accountancy  
CPA Firm Permit Application

Compete Name of the CPA Firm: \_\_\_\_\_

Address of the CPA Firm:

Street and Number: \_\_\_\_\_

City

State

Zip Code

Phone number of the CPA Firm:

\_\_\_\_\_

Contact Person at the Firm: \_\_\_\_\_

Contact Persons E-Mail Address: \_\_\_\_\_

Type of Practice, Check All That Apply:

\_\_\_\_\_ Certified Public Accountant(s)

\_\_\_\_\_ Public Accountant(s)

\_\_\_\_\_ Both CPA's and PA's

\_\_\_\_\_ CPA's and/or PA's with non-license owners

List all Partners, Shareholders, or Owners, Including Non-Licensee Owners listed on Firm Letterhead:

Name of Person	
Home address:	Home Phone #:
Business Address:	Business Phone #:
Description of Ownership Interest:	
Percentage of Ownership:	

Name of Person	
Home address:	Home Phone #:
Business Address:	Business Phone #:
Description of Ownership Interest:	
Percentage of Ownership:	

Name of Person	
Home address:	Home Phone #:
Business Address:	Business Phone #:
Description of Ownership Interest:	
Percentage of Ownership:	

Name of Person	
Home address:	Home Phone #:
Business Address:	Business Phone #:
Description of Ownership Interest:	
Percentage of Ownership:	

Name of Person	
Home address:	Home Phone #:
Business Address:	Business Phone #:
Description of Ownership Interest:	
Percentage of Ownership:	

Name of Person	
Home address:	Home Phone #:
Business Address:	Business Phone #:
Description of Ownership Interest:	
Percentage of Ownership:	

List All Licensees Who Work in NH for the CPA Firm:

Licensees Name	NH Certification #	NH Certificate Expiration Date

List Every State in Which the CPA Firm has applied for or holds a permit to practice as a CPA Firm: \_\_\_\_\_

List Every Past Denial, Revocation, Suspension, or other Disciplinary Action Taken Against the CPA Firm's Permit to Practice in Any State: \_\_\_\_\_

List all individual(s) who will be in charge of assurance services rendered in NH:

Individual's Full Name:	
Business Address:	
Phone #:	E-Mail Address:
NH Certification #:	NH Certification Expiration Date:

Individual's Full Name:	
Business Address:	
Phone #:	E-Mail Address:
NH Certification #:	NH Certification Expiration Date:

Individual's Full Name:	
Business Address:	
Phone #:	E-Mail Address:
NH Certification #:	NH Certification Expiration Date:

Type of Entity:

- \_\_\_\_\_ Professional Corporation
- \_\_\_\_\_ Partnership
- \_\_\_\_\_ Limited Liability Company
- \_\_\_\_\_ Professional Limited Liability Company

I have included a copy of the most recent peer review acceptance letter. Yes: \_\_\_\_ No: \_\_\_\_

I have not included a copy of the most recent peer review acceptance letter because this firm has not issued peer review reports for 3 or more years.”; Yes: \_\_\_\_ No: \_\_\_\_

I have included the affidavit described in Ac 302.07(b) with this application. Yes: \_\_\_\_ No: \_\_\_\_

If you answered “No” to the question above provide a detailed explanation of why the affidavit has not been included. \_\_\_\_\_

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The information and documentation provided are true, complete, and not misleading to the best of my knowledge and belief. By signing I understand that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a certification and that knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters. In addition, I understand that at least a simple majority of the ownership of the firm are in accordance with RSA 309-B:8, III(a).

\_\_\_\_\_  
Authorized Representative of the Firms Signature

\_\_\_\_\_  
Date of Signing