MISSISSIPPI STATE BOARD
OF PUBLIC ACCOUNTANCY
5 OLD RIVER PLACE, SUITE 104
JACKSON, MS 39202-3449
(601) 354-7320 (601) 354-7290 FAX
www.msbpa.state.ms.us
email@msbpa.state.ms.us

AMENDMENT TO REGISTRATION

CPA FIRM PERMIT TO PRACTICE PUBLIC ACCOUNTING

TYPE OR PRINT IN INK. DO NOT USE PENCIL. ATTACH A SHEET EXPLAINING THE FIRM CHANGES.

FIRM NAME: _____ OFFICE ID NUMBER: _____ (assigned by Board)

MAILING ADDRESS: _____ TELEPHONE NUMBER : _____
(principal office) _____

FAX NUMBER: _____

PHYSICAL ADDRESS: _____
(if different) _____ FIRM CONTACT: _____ (regarding this application)

EFFECTIVE DATE(S) OF CHANGES: _____

NUMBER OF OTHER FIRM OFFICES: _____ (Attach a complete listing of the addresses and telephone/fax numbers of all other offices (practice units) of the firm, including the names of all owners or resident managers associated with each office.)

CHECK THE TYPE OF ORGANIZATION: (Attach a copy of the articles of organization, articles of incorporation, or appropriate legal documentation.)

____ PARTNERSHIP ____ PROFESSIONAL CORPORATION ____ PLLC ____ LLP ____ SOLE PROPRIETORSHIP (acting as a practice unit)

____ Yes ____ No Is this a change from previous type of organization? (If yes, explain._____)

ANSWER "YES" OR "NO" AND COMPLETE THE FOLLOWING: *(Read the enclosed letter carefully.)*

____ Yes ____ No Are all owners of this firm active Mississippi CPA license holders?

____ Yes ____ No If the answer to the above is no, is the firm based outside Mississippi (foreign firm)? (If no (firm *is* in Miss), contact the Board office.)

____ Yes ____ No Are *any* owners, partners, members, or shareholders, incorporated as a professional corporation? (If yes, list and explain.)

____ Yes ____ No Has a complete listing of the names, addresses, and Mississippi CPA license numbers of *all* owners, resident managers, and CPA staff been included on the reverse side of this form?

____ Yes ____ No Has the firm used any other previous name? (If yes, please list name(s) and date(s) used: _____)

____ Yes ____ No Has the firm had an application for firm permit or license denied, suspended or revoked by any government agency? (If yes, explain.)

____ Yes ____ No Has the firm or any owner(s) been convicted of any felony or misdemeanor? (If yes, explain.)

____ Yes ____ No Has the firm or any owner(s) been party to legal or administrative proceedings relating to professional accounting services in any jurisdiction within the past five year period immediately preceding this application? (If yes, explain and describe the disposition of the action.)

____ Yes ____ No Has the firm performed any of these services within the past 12 months?
____ Audits; ____ Reviews; ____ Compilations; ____ Prospective financial statements?

(If your firm performs any of these services, a peer review must be performed once every three years. Read the enclosed letter carefully.)
Date of last peer review: _____ Performed by:_____
(Attach a copy of the peer review report and the letter of acceptance confirming the peer review.)

RESPONSIBLE OWNER FOR SERVICE OF PROCESS:

I do solemnly swear (or affirm) that this application is a complete representation of the status of this firm and all information on this application form is true and correct I understand that should there be any changes in ownership, firm name, additions or changes of offices, addresses or other significant information, the Mississippi State Board of Public Accountancy will be notified in writing within 30 days.

_____
CPA SIGNATURE, TYPED NAME & LICENSE

_____
NOTARY PUBLIC SEAL
Sworn to and subscribed before me on
this the _____ of _____, _____

Over '

CERTIFIED PUBLIC ACCOUNTANTS
WITH THE FIRM OF _____

DATED: _____

Check Applicable Box(es):

Owner	Resident Manager	Staff	CPA License Number	Name	Job Title	Office Address

Attach additional sheet(s) as necessary.