

MISSISSIPPI STATE BOARD OF PUBLIC ACCOUNTANCY

5 Old River Place, Suite 104
Jackson, Mississippi 39202-3449

APPLICATION FOR REINSTATEMENT - CPA FIRM PERMIT

Out of State Firms - Please contact Board office for appropriate license fee

Firm Name: _____ Application Date: _____
Mailing Address: _____ Firm Permit Number: _____
(Principal Office) _____ Firm Contact: _____
Physical Address: _____ Telephone: _____
(If Different) _____ Fax: _____
Email: _____

Explain the **circumstance(s)** surrounding the CPA firm permit cancellation: (Attach additional sheets as necessary.)

State the **reason(s)** for applying for reinstatement:

ANSWER "YES" OR "NO" AND COMPLETE THE FOLLOWING: (Attach additional sheets as necessary.)

- Yes No Has the CPA firm's name or other significant information changed since last registration? (If yes, explain and attach copy of appropriate legal documentation.) _____
- Yes No Are all owners of this firm active Mississippi CPA license holders?
 Yes No If no, is the firm based outside Mississippi (foreign firm)? (If no (firm is in Miss), contact the Board.)
- 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 Is the firm licensed or permitted to practice public accounting in other states? List the states & numbers: _____
- Yes No Has the firm or any owner(s) been disciplined in, participated in administrative proceedings, or had an application for firm permit/license denied, suspended or revoked by another jurisdiction or agency since your last registration? (If yes, explain.)
- Yes No Has the firm or any owner(s) been convicted, found guilty, or pleaded no contest to any felony or crime? (If yes, explain.)
- Yes No Has the firm performed any of these services within the past 12 months?
____ Audits; ____ Reviews; ____ Compilations; ____ Prospective financial statements, ____ Other services requiring peer review?
(If your firm performs any of these services, peer review is required in accordance with Chapter 5 of the Rules and Regulations.)
Date of last peer review: _____ Performed by: _____
(Attach a copy of the peer review report and the letter of acceptance confirming the peer review.)
- Yes No N/A For foreign firm (based outside State): has the good standing confirmation (reverse) been completed by your resident Board?

RESPONSIBLE OWNER FOR SERVICE OF PROCESS:

I hereby make application to reinstate my certified public accountant firm permit in the State of Mississippi as indicated on this application. All statements, and information presented here are true and correct to the best of my knowledge and belief. I agree to abide by the laws of the State of Mississippi and adhere to the Rules and Regulations of the State Board of Public Accountancy.

CPA SIGNATURE

Typed Name & License Number

NOTARY PUBLIC SEAL
Sworn to and subscribed before me on
this the ____ of _____, 200__

