



MISSISSIPPI STATE BOARD
OF PUBLIC ACCOUNTANCY
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**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) _____

PHYSICAL ADDRESS: _____ FAX NUMBER: _____
(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 either a statement signed by the peer review team captain or 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
Sworn to and subscribed before me on
this the ____ of _____, ____

SEAL

Over *

