

OREGON BOARD OF ACCOUNTANCY

INSTRUCTIONS FOR INITIAL FIRM REGISTRATION

1. “Business Organization” means any form of business organization authorized by law, including but not limited to a proprietorship, partnership, corporation, limited liability company, limited liability partnership and professional corporation (ORS 673.010; OAR 801-005-0010). Business Organizations required to be registered by the Board of Accountancy are referred to as “Firm” in these instructions and application.

A firm registration must be completed if:

1. A firm or individual licensee has an office located in Oregon and performs audit, attestation, compilation or review services for clients located in Oregon; or
2. A firm or individual licensee does not have an office located in Oregon but performs audit or attest services, other than compilations or reviews, for clients located in Oregon.

2. Every firm of CPAs and PAs is required to register as a public accounting firm if the business organization meets any of the following conditions:

- A. Uses the terms “certified public accountant” or “public accountant,” or their abbreviations,
- B. Holds out to clients or the public in Oregon that the firm is engaged in the practice of public accountancy, or
- C. Performs attest or compilation services in Oregon or for Oregon clients. A public accounting firm that only performs non-reporting compilations in Oregon or for Oregon clients is not required to register as a public accounting firm.

3. A permit holder living in Oregon and doing business as a sole proprietor is required to register as a public accounting firm if the permit holder meets either of the following conditions:

- A. Holds out to clients or the public in Oregon as a firm composed of more than one licensee, or
- B. Performs attest or compilation services in Oregon or for Oregon clients. If the licensee only performs non-reporting compilations in Oregon or for Oregon clients, registration as a public accounting firm is not required.

4. Firms that perform public accounting services in Oregon or for Oregon clients, and licensees providing public accounting services in Oregon or for Oregon clients under an assumed business name are required to register with the Oregon Corporation Division of the Office of the Secretary of State (503-986-2200). If the firm is required to be registered with the Corporation Division of the Office of the Secretary of State, submit a copy of the Oregon Corporation Division registration filing with this application. Copies of the firm’s corporate record may be printed from the Corporation Division website <http://www.sos.state.or.us/corporation/> or call the Corporation Division at 503-986-2200.

5. Firm names must comply with the requirements of OAR 801-030-0020(6). Firms with non-CPA/PA ownership must comply with the requirements of ORS 673.160 and OAR 801-010-0340. Applicants for firm registration may not offer or provide public accounting services under the firm name or hold out to the public as a registered public accounting firm until the firm registration is approved and confirmation is received from the Board.

6. If any owner of the firm was subject to peer review in the last three years, provide the name and address of such licensee's employer during that period.
7. Notice of any change in the information required by a registered firm must be provided to the Board of Accountancy in writing within 30 days of such change.
8. Firm registrations expire December 31 of each odd-numbered year.

**OREGON BOARD OF ACCOUNTANCY
INITIAL REGISTRATION FOR PUBLIC ACCOUNTING FIRM APPLICATION**

FEE: \$175.00

1. GENERAL INFORMATION: If a PO Box, mail drop or pick-up service is used, you must also provide the physical address of the firm.

Name of Business Organization (Firm Name)

Mailing Address

Physical Address

Person to contact regarding application

Phone

FAX

E-mail

2. Principal Place of Business and Branch Offices

Is the firm's principal place of business in Oregon? Yes _____ No _____

Provide name and license number of the licensed CPA or PA who is responsible for management and registration of Oregon firm:

Branch Offices: List the address of each branch office in Oregon, the hours the branch is open to the public and the name and license number of licensee on duty during business hours.

Clerk: _____

Date Processed: _____

Seq #: _____

Batch #: _____

3. TYPE OF BUSINESS ORGANIZATION (check all that apply)

Sole Proprietor Assumed Business Name Partnership
 Limited Liability Company Limited Liability Partnership Professional Corporation
 Business Corporation

4. Firm Litigation Report Attach factual documentation for each "Yes" answer.

- a. Has any Oregon licensee associated with the firm been revoked, suspended or denied the right to practice public accountancy in any jurisdiction or the right to perform services licensed under another regulatory authority? **YES** _____ **NO** _____
- b. Has any lawsuit involving fraud, dishonesty or misrepresentation in the practice of public accounting been filed against the firm or against any owner or manager of the firm? **YES** _____ **NO** _____
- c. Has any criminal action been filed against the firm or against any owner or manager of the firm? **YES** _____ **NO** _____
- d. Has the firm or any owner or manager of the firm been convicted of a felony or of any crime for which an essential element is dishonesty, fraud or misrepresentation under the laws of any jurisdiction? ("Conviction" includes verdict or finding of guilt, plea of no contest, plea agreement or pronouncement of sentence by a trial court, even though the conviction may not be final and the sentence may not actually be imposed until appeals are exhausted). **YES** _____ **NO** _____

5. Commissions, Referral Fees and Contingent Fees

Indicate if the firm pays or receives any of the following forms of compensation for services:

Commissions Referral Fees Contingent Fees
YES *YES* *YES*

If the firm is required to be licensed by any regulatory authority or organization to pay or receive commissions or fees reported in this section, provide the name of each agency that issues such licenses and the license numbers held by the firm.

6. Firm Members Provide the following information for all licensed accountants working in an Oregon office or serving Oregon clients. Attach additional page if necessary.

Name	License #	Issuing state	% of ownership, if applicable

Non-CPA/PA owner(s) working in Oregon:

Name	Title	% of ownership, if applicable

7. Exemption from Peer Review Requirement

I represent to the Oregon Board of Accountancy that the firm does not intend to perform attestation or compilation services (except management-use only financial statements) in the renewal period covered by this application. In the event that the firm accepts any engagements for attestation or compilation services, written notice will be provided to the Board prior to issuance of the engagement as required by OAR 801-050-0040.

<i>Signature of firm owner or manager</i>	<i>Oregon license #</i>	<i>Date</i>
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8. Attestation and Compilation Services Performed

State the approximate number of engagements per year that the firm performed **in Oregon or for Oregon clients.**

	<u>Number</u>		
Governmental audits (GAO)	_____	Reports on internal control effectiveness	_____
Municipal audits (non-GAO)	_____	Prospective financial statements	_____
ERISA audits	_____	Management-use only financial stmts.	_____
Public company audits	_____	Depository institution Audits	_____
Compilations	_____	Financial forecasts and projections	_____
Agreed upon procedures	_____	Other audits (non-profit; private co.)	_____
Reviews	_____		

If the firm performs management-use only financial statements and no other attest or compilation services, peer review is not required. If the firm does not now perform attest or compilation services, but accepts engagements to perform such services during the renewal period covered by this application, the firm is required to enroll in an approved peer review program and notify the Board prior to issuance of such engagement.

9. Peer Review Enrollment

Is the firm enrolled in a peer review program? YES _____ NO _____

State the period covered by the firm’s most recent peer review _____

Is the firm required to undergo firm inspection by PCAOB? YES _____ NO _____

Indicate below the organization(s) that administers the firm’s peer review:

Name of state society administering AICPA review _____

Name of state society administering non-AICPA review _____

AICPA- NPRC (National Peer Review Committee) _____

10. Peer Review Reporting Requirement

a. Firms are required to submit copies of the documents listed below:

1. Past two (2) peer review reports n/a

2. Letter, if any, prescribing corrective actions for each peer review n/a

3. Firm’s response letter for each peer review n/a

11. Firm Owners previously subject to Peer Review requirements

Provide the following information for any firm owner who was subject to peer review requirements before becoming affiliated with this firm:

Licensee Name and Number Employer for whom licensee performed attest services described in #8.

Licensee Name and Number Employer for whom licensee performed attest services described in #8.

12. Independent Contractors

If the firm uses independent contractors to provide professional services in Oregon or to Oregon clients, indicate the type of services provided by independent contractors with a check mark.

Municipal Audit Audit Tax Attest Other (describe)

13. Certification

To be completed by firm owner or manager who holds an Oregon CPA or PA license, or an individual authorized to practice in Oregon under Substantial Equivalency ORS 673.153.

I certify to the truth and accuracy of all statements, answers and representations in this application, including all supplementary statements. I further certify that:

- a. Every person who performs public accounting services in Oregon or for Oregon clients on behalf of the firm holds an active permit issued under ORS 673.150, or is authorized to practice in Oregon under Substantial Equivalency ORS 673.153;
- b. All of the following individuals associated with this firm hold an active permit issued under ORS 673.150, or are authorized to practice in Oregon under Substantial Equivalency ORS 673.153:
 - * Licensees responsible for supervision of attest or compilation services, and
 - * Licensees who authorize the signature for reports on financial statements issued on behalf of the firm;
- c. A simple majority of the ownership of the firm is held by individuals who are licensed certified public accountants in any jurisdiction, or public accountants licensed under ORS 673.100;
- d. The firm has a current, active registration with the Oregon Corporation Division, Office of the Secretary of State, if such registration is required by the Corporation Division;
- e. The firm is in compliance with the requirements of ORS 673.160, ORS 673.320 and OAR 801-010-0345.

Signature of owner or manager of firm who holds an active certified public accountants license in any jurisdiction, or public accountants licensed under ORS 673.100

Date

Printed Name of licensee signing above

If you have questions, please call (503) 378-2264
Any misrepresentation or false statement on this application is cause for denial of this registration application and revocation of licensee permit under ORS 673.170(2)

**DO NOT SEND THIS FORM WITHOUT ATTACHING THE APPLICATION
Credit/Debit Card Payment Authorization Form**

Please return the application and this form to: Oregon Board of Accountancy,
3218 Pringle Rd SE #110, Salem OR 97302

Questions? Please call 503-378-2235 or 503-378-2268

I authorize the Oregon Board of Accountancy to charge my Credit/Debit card listed below, and if necessary, to initiate adjustments for any transactions credited or debited in error.

Firm Name: _____

Signature

Date

Initial Firm Registration Fee: \$175.00

Cardholder's Information: Please PRINT and provide ALL information.

Charge Amount: \$_____ Visa OR MasterCard Expiration Date: _____

Card Number: _____

Cardholder Name (as it appears on the card) : _____

Cardholder Billing Address: _____
Street, Apartment #

City

State, Zip Code

Daytime Phone Number

Cardholder's Signature

Date

DO NOT SEPARATE THIS SHEET FROM YOUR APPLICATION FORM