FIRM REGISTRATION RENEWAL

JANUARY 1, 2014—DECEMBER 31, 2015

CURRENT REGISTRATION EXPIRES 12/31/13
RENEWAL FOR PERIOD ENDING 12/31/15

Oregon Board of Accountancy **3218 Pringle Rd SE #110, Salem, OR 97302**

Phone: 503-378-2264 ~ Fax: 503-378-3575 ~ E-Mail: kristen.m.adamson@state.or.us ~ Website: www.oregon.gov/BOA

If the printed address is incorrect, cross out incorrect information and provide the correct information below. (If a PO Box, mail drop or pick-up service is used, you must also provide the physical address of the firm.)

	Phone:
	Fax:
Firm Name:	
Mailing Address:	
Physical Address:	
Contact Person for firm renewal:	Phone:
	E-Mail:
Firm E-Mail: (REQUIRED)	Website:

1 PRINCIPAL PLACE OF BUSINESS

	YES	NO
A) Is the firm's principal place of business in Oregon?	☐	☐
B) Is your firm registered with the Secretary of State's Corporation Division?	☐	☐
C) Branch Office(s) in Oregon List the physical address of each branch office in Oregon, the hours of the main branch and each branch office that is open to the public and the name and license number of licensee on duty during business hours. Attach a separate sheet of paper to this form if necessary.	☐	☐

Address	*City*	*Hours*	*License*

2 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

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.

3 FIRM LITIGATION REPORT (ATTACH FACTUAL DOCUMENTATION FOR YES ANSWERS)

Since the last firm registration renewal, (or if this is the first renewal, since the date of initial registration):

A) Has any licensed CPA/PA associated with the firm had any professional license suspended, revoked, or restricted?	YES ☐	NO ☐
B) Has any lawsuit, settlement or arbitration involving fraud, dishonesty or misrepresentation relating to the professional services of the business organization or relating to 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 any owner or managing partner of the firm?	YES ☐	NO ☐
D) Has any owner or employee of the firm been convicted[1] of a felony or of any crime in which an essential element is dishonesty, fraud, or misrepresentation?	YES ☐	NO ☐

(1) "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 many not be final and the sentence may not actually be imposed until appeals are exhausted.

4 FIRM EMPLOYEE and OWNERSHIP INFORMATION

A) Provide the following information for **ALL** who are licensed accountants working in an Oregon office or serving Oregon clients. Attach additional pages if necessary.

Name	*License Number*	*Issuing State*	*Ownership % (if any)*

B) Licensee responsible for Oregon activities: *License Number* *Issuing State*

C) Non-CPA/Non-PA owner(s):

Name	*Title*	*Ownership %*

5 ATTESTATION and COMPILATION SERVICES

State the approximate number of engagements, on average, the firm performed in Oregon or for Oregon clients between January 1, 2011—December 31, 2013.

	AVERAGE PER YR		AVERAGE PER YR
Public company audits		Reports on internal control effectiveness	
Governmental audits (GAO)		Agreed upon procedures	
Municipal audits (non-GAO)		Financial forecasts and projections	
ERISA audits		Reviews	
Other audits (non-profit; private co.)		Management-use-only financial statements	
Depository institution audits		Compilations	
Prospective financial statements			

Questions? Please contact: (503) 378-2264 / kristen.m.adamson@state.or.us

6 PEER REVIEW

Please check anticipated work to be performed 2014-2015

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

EXEMPTION FROM PEER REVIEW REQUIREMENT

I represent to the Oregon Board of Accountancy that firm #_____ has not performed attestation or compilation services (except management-use-only financial statements) since January 1, 2012, and that the firm does not intend to perform such services January 1, 2014 through December 31, 2015. Should that change, and the firm accepts any engagements for attestation or compilation services, written notice will be provided to the Board within 21 days of accepting an engagement. (OAR 801-050-0040(1)(c)).

Signature of licensed owner/managing partner *License #* *Date*

	YES	NO*
A) Is the firm *required* to participate in a peer review program?	☐	☐ *See Exemption Above

B) Select one:

☐ AICPA PEER REVIEW ADMINISTERED BY: _____

☐ NATIONAL PEER REVIEW COMMITTEE _____

☐ NON-AICPA PEER REVIEW ADMINISTERED BY: _____

	YES	NO
C) Are the firm's peer review results posted on the AICPA Facilitated State Board Access website (FSBA)?	☐	☐
D) Are your firm's peer review results posted on any other website? If yes, which one? _____	☐	☐

E) What was the result of the firm's most recent peer review?

☐ PASS ☐ PASS WITH DEFICIENCIES ☐ FAIL

7 PCAOB REGISTRATION

	YES	NO
A) Is the firm required to be registered with the PCAOB? If not, skip to section 8.	☐	☐
B) Has any PCAOB inspection resulted in a disciplinary order?	☐	☐

Questions? Please contact: (503) 378-2264 / kristen.m.adamson@state.or.us

8 CERTIFICATION

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

A) Every person who performs public accounting services in Oregon or for Oregon clients on behalf of the firm:
   1) Holds an active Oregon permit issued under ORS 673.150 if principal place of business is in Oregon or,
   2) Holds a valid permit from another jurisdiction and is substantially equivalent pursuant to ORS 673.153, if principal place of business is not in Oregon.

B) The following individuals associated with the Firm who do not have a principal place of business in Oregon or hold an active permit issued under ORS 673.150 or qualify under substantial equivalency pursuant to ORS 673.153:
   - Licensees responsible for management and registration of the firm,
   - 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 hold an active CPA license in any jurisdiction, or public accountants licensed under ORS 673.100.

D) The firm is in compliance with the requirements of ORS 673.160, ORS 673.320, OAR 801-010-0345 and OAR 801-030-0020(6). Information is available on page 4 of 5 of the firm registration renewal instructions as well as the Board's website: http://www.oregon.gov/boa/Pages/adminrules.aspx.

☐ **If you do not intend to renew, or are not required to renew,** please check here. You are still required to complete and submit the form and provide a signature below.

Signature of licensed owner/managing partner *License Number* *Date*

Printed name of licensee

License Number *Issuing State*

RENEWAL FEE: $175

LATE FEE: $175

A late fee will be assessed if a renewal form is postmarked after December 31, 2013.

~BOA USE ONLY~

CLERK	DATE PROCESSED	SEQUENCE
AUTH #	AMOUNT	

Questions? Please contact: (503) 378-2264 / kristen.m.adamson@state.or.us

9 CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM

~MUST ACCOMPANY FIRM RENEWAL APPLICATION~

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.

Name

Signature *Date*

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*

If paying by **Check,** make check payable to:
Oregon Board of Accountancy

MAIL TO:

Oregon Board of Accountancy
3218 Pringle Rd SE #110
Salem, OR 97302

If paying by **Credit Card,** you may mail or fax to:
Oregon Board of Accountancy

FAX: 503-378-3575

DO NOT SEPARATE THIS SHEET FROM YOUR APPLICATION FORM.

Questions? Please contact: (503) 378-2264 / kristen.m.adamson@state.or.us