



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Accountancy
124 Halsey Street, 6th Floor, P.O. Box 45000
Newark, NJ 07101
(973) 504-6380



Firm Registration Application

Instructions

1. Complete the application form in its entirety. Sign and date the application in the presence of a notary.
2. Attach **two** checks: one for the application fee (nonrefundable) and one for the license fee (see fee schedule below). Both checks must be made payable to the New Jersey State Board of Accountancy.
3. All firms must enclose a copy of the firm's letterhead with this application.
4. All firms must complete the forms regarding Peer Review compliance found at:
<http://www.njconsumeraffairs.gov/accountancy/PReview.pdf> .
5. If your business is a legal entity such as a corporation, limited partnership, or limited liability company, enclose a copy of your Business Registration Certificate as proof of having registered with the New Jersey Division of Revenue (see <http://www.nj.gov/njbusiness/registration>).

Fee Schedule*

Triennial period	License fee	Application fee	Application due date
1 st year	\$135.00	\$75.00	June 15 th
2 nd year	\$ 90.00	\$75.00	June 15 th
3 rd year	\$ 45.00	\$75.00	March 15 th

- * The triennial period lasts for three (3) years, e.g. 7/1/18 - 6/30/21, 7/1/21 - 6/30/24, and so forth. The license fee is prorated, but the application fee is not. The application must be **received** by the Board no later than the application due date, which corresponds to the end of each year in the triennial period.



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Per *N.J.S.A. 45:2B-54 and 55*, an entity seeking to establish itself as a firm engaged in the practice of public accounting as a sole proprietorship, a partnership, a professional service corporation, a limited liability company (L.L.C.), or a limited liability partnership (L.L.P.) shall complete this form. Applicants should make themselves familiar with the statutes and regulations that govern firms. The pertinent statutes and regulations are available at <http://www.njconsumeraffairs.gov/accountancy>.

1. Firm information

Firm name _____

Address of practice _____
Street address City State ZIP code

Mailing address (if different) _____
Street address City State ZIP code

Business telephone _____ (include area code) FAX number _____ (include area code)

E-mail address _____ Web address _____

2. Business organization of the firm:

- Sole Proprietorship
- Partnership
- Professional Corporation
- Limited Liability Company
- Limited Liability Partnership

3. Composition of ownership of firm. Include the total number of each:

_____ C.P.A. _____ R.M.A.(s) **only**
_____ Public Accountant(s) _____ Nonlicensee(s)

4. Composition of firm. Include the total number of each:

_____ C.P.A. _____ R.M.A.(s) **only**
_____ Public Accountant(s) _____ Nonlicensee(s)

5. Resident manager-in-charge of the practice unit:

Name _____

Direct line / Ext. _____ (include area code) FAX number _____ (include area code)

E-mail address _____

License number _____ State of Issuance _____

If licensed in a state other than New Jersey, submit verification of that license.

6. Is this an application for a firm that has merged, changed its ownership, or changed its form of organization?

Yes No (*Skip to No. 7*)

a. List below the name and license number of the firm(s) that have merged or reorganized to form the new firm.

_____	20C__00_____
_____	20C__00_____
_____	20C__00_____
_____	20C__00_____

(Continue on a separate sheet of paper if necessary.)

b. Do the firm(s) listed above wish to continue an active firm registration?

_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Continue on a separate sheet of paper if necessary.)

7. Does the firm issue audited, reviewed or compiled financial statements? Yes No (*Skip to the end.*)

If "Yes," is the firm enrolled in a recognized Peer or Quality Review Program? Yes No (*Skip to the end.*)

If "Yes," has the firm had a peer review conducted and administered by the A.I.C.P.A. (N.J.S.C.P.A.) or another recognized peer review program per N.J.A.C. 13:29-5.3(b) in the past three years? Yes No (*Skip to the end.*)

I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I shall be subject to punishment.

Date

Signature of person attesting to this affidavit

Print name