

DBPR CPA 5009-1 Sole Proprietor Firm Application

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399 – 0786**

**NOTE – This form must be submitted as
part of an entire application packet.**

*If you have any questions or need assistance in completing this application, please contact the
Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.*

TYPE OF APPLICATION	
<input type="checkbox"/>	New Firm
<input type="checkbox"/>	Firm Name Change

APPLICANT (INDIVIDUAL) INFORMATION
License Number

IF FIRM NAME CHANGE PLEASE COMPLETE
Previous Firm Name
Firm License Number

FIRM INFORMATION	
Firm Name	
Effective Date of Firm	Date of Application
Licensed Professional Staff Employee to Represent “& Company” or “& Associates”	
List All Professional Staff Located in Florida Office None: _____ Name(s) and Florida License Number: (attach additional page if necessary) _____ _____ _____	
I have read and understand the Florida Accountancy Law and Rules pertaining to the registration and operation of a CPA firm in the State of Florida. In particular, we have become familiar with Sections 473.309 and 473.3101, F.S, and Rules 61H1-26.001, 26.002, 26.003 and 26.004, F.A.C. It is understood that, in accordance with Rule 61H1-26.004, we will send written confirmation within 30 days of ANY changes affecting our firm’s practice in the State of Florida.	

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Sign Here: _____ Date: _____