

DBPR CPA 5008-1 CPA 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

IF FIRM NAME CHANGE PLEASE COMPLETE	
Previous Firm Name	
Firm License Number	
APPLICANT INFORMATION	
Firm Name	
Effective Date of Firm	Date of Application
Name of licensed professional staff or non-CPA owner used to qualify for “& Company” or “& Associates”:	
Are at least 51% of the voting and financial interests in the firm CPAs in good standing in some state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the business of the firm the principal occupation for all non-certified public accountant partners, shareholders, or members of the firm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> All owners are CPAs	
List all Partners, Shareholders and members professions located in Florida Office (include non-CPA owners)	
Name	License #
List all lawsuit settlements, convictions (regardless of adjudication) or adverse judgments for non-CPA owners. <input type="checkbox"/> None <input type="checkbox"/> A list is attached giving full details.	
Do all CPA owners who are domiciled in Florida hold an active Florida CPA license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Corporation/Limited Liability Company/Limited Partnership have (check one):	
<input type="checkbox"/> Minimum Capitalization (as defined in 61H1-26.002) of \$50,000 per shareholder, officer and professional employee to a maximum of \$2,000,000 or	
<input type="checkbox"/> Professional liability insurance of \$50,000 per shareholder, officer and professional employee to a maximum of \$2,000,000 or	
<input type="checkbox"/> A signed waiver of limitation on liability, or	
<input type="checkbox"/> Letter of credit of \$50,000 per shareholder, officer and professional employee to a maximum of \$2,000,000	
We 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 notification within 30 days of ANY	

changes affecting our firm's practice in the State of Florida.

Signature of Authorized Florida CPA Partner/Shareholder/Member

Date