



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Certified Public Accountancy Firm

APPLICANT INFORMATION

Business Legal Name: _____

**Note: If you are a Sole Proprietor, this is your legal name.*

Utah Division of Corporation
Registration (entity) Number: _____

IRS Employee ID
Number (EIN): _____

DBA (if applicable): _____

DBA Registration
Number: _____

Mailing Address: _____

Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Email (required): _____

Note: All Division notices and communication will be sent to this email

Company Phone: _____

Local Contact for Licensing Purposes: _____

Alternate Phone for Local Contact: _____

I understand that in all areas of this application the words "you", "I" and "applicant" apply to the entity listed above and all subsidiaries, owners, qualifiers, and prior entities and DBA's for which these individuals have been involved.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Authorized Signer: _____ Date: _____

Printed Name and Position of the Authorized Signer: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2. Yes No Do you CURRENTLY have **any criminal action active or pending**?
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a misdemeanor** in any jurisdiction?
4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a felony** in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

GENERAL BUSINESS INFORMATION

Section 1: Please select entity type:

- Business Trust
- Corporation
- General Partnership
- Limited Liability Company
- Limited Partnership
- Limited Liability Partnership

- Sole Proprietorship
*If registered as sole proprietorship,
complete Section 2 below.*

Section 2: To be completed by Sole Proprietorship applicants only.

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

**Driver License
or State Id Card:**

_____ *State of Issue License Number Expiration Date*

NOTE: If you do not hold a US Driver's License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

REGISTRATION TO UNDERGO PEER REVIEW

Please select one:

- 1. AICPA (*Attach proof of registration, such as billing from AICPA.*)
- 2. UACPA (*Attach proof of registration, such as billing from UACPA.*)
- 3. Division of Occupational and Professional Licensing **Note:** *If you check this item, you must register with the Nevada Society of CPAs to schedule your peer review. Their website is: www.nevadacpa.org/peer-review.*
- 4. Exempt from peer review. *I verify that the firm does not at the current time and will not during the term of its license offer services of preparation of financial statements to its clients. Note: You must notify DOPL prior to offering these services in the future.*

Signature and Title: _____ Date: _____

OWNERSHIP LISTING

Please complete the following information for all officers, corporate stockholders, directors, members, partners, and proprietors. Please make additional copies as needed.

Full Legal Name: _____
First *Middle* *Last*

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Position Held: _____ **Percentage of Ownership:** _____

Is this individual a Licensed CPA? Yes No If yes, license number: _____

Full Legal Name: _____
First *Middle* *Last*

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Position Held: _____ **Percentage of Ownership:** _____

Is this individual a Licensed CPA? Yes No If yes, license number: _____

Full Legal Name: _____
First *Middle* *Last*

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Position Held: _____ **Percentage of Ownership:** _____

Is this individual a Licensed CPA? Yes No If yes, license number: _____

Full Legal Name: _____
First *Middle* *Last*

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Position Held: _____ **Percentage of Ownership:** _____

Is this individual a Licensed CPA? Yes No If yes, license number: _____

Full Legal Name: _____
First *Middle* *Last*

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Position Held: _____ **Percentage of Ownership:** _____

Is this individual a Licensed CPA? Yes No If yes, license number: _____

Note: To become registered as a certified public accountancy firm in the State of Utah, a majority of the ownership and voting rights must be held by individuals who are CPAs and all non-licensed owners must be active in the CPA firm. Each branch or location must have a separate registration. Each branch or location must have at least one licensed CPA managing the office.

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

The following items are required to complete your application:

- \$90.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire". See page 2 of the application for more information.
- Supporting documentation for your peer review selection on page 3 of this application.

Submit the above items with your completed application to:

In person or via express delivery:

Division of Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741