



NEVADA STATE BOARD OF ACCOUNTANCY

1325 Airmotive Way, Ste. 220 * Reno, NV 89502 * (775) 786-0231

OUT OF STATE REGISTRATION

Applicant Information

Name of Firm or Sole Proprietor

Mailing Address

City/State

Zip Code

Email Address

Telephone

Type of Entity (Corp, LLC, Partnership, or Sole Proprietorship)

**NOTE: For Requested Items Below
Use Separate Attachment(s) If Additional Space Is Needed**

Ownership Information

Please list the name(s) of the licensed CPAs and any NON-Licensed individuals that are listed as Owners, Shareholders, Partners, Members or Sole Practitioners for the firm requesting registration.

Name State of Licensure Position Designation

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NON-Licensed Individuals may not own more than 49% of the CPA Firm.

Name Percentage of Ownership Position Designation

Fees: \$200

Received _____ Check No./CC _____ Amount _____

Affidavit

Has the firm, sole proprietor or individual(s) responsible for the engagement ever:

Had any professional or vocational license denied, disciplined, suspended, revoked, placed on probation or a citation issued by any state agency, jurisdiction or foreign country?

YES NO

Been found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense other than a minor traffic violation whether or not a sentence was imposed, including suspended imposition of a sentence or suspended execution of a sentence?

YES NO

Ever been convicted of a felony or misdemeanor other than a minor traffic accident?

YES NO

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION SHEET AND ANY RELEVANT DOCUMENTATION CONCERNING THE MATTER.

Consent to Jurisdiction

_____ (Name of Firm or Sole Proprietor) does solemnly swear and affirm under penalty of perjury that all representations made in this registration are true and complete in every respect and does hereby authorize the Nevada State Board of Accountancy to make any and all inquiries as it deems necessary to verify the accuracy and completeness of all representations made as part of this registration. The undersigned does hereby release, discharge and exonerate the Nevada State Board of Accountancy, its officers, directors, agents and employees, from any and all liability of every nature and kind arising out of the verification of information provided to or obtained by the Nevada State Board of Accountancy.

The undersigned does hereby confirm that the firm or sole proprietor holds a valid license in another state; said license is active and in good standing with the state accounting regulatory authority listed for the principal place of business of the firm or sole proprietor and the firm or sole proprietor is in compliance with the ownership requirements as provided in NRS 628.325.

Signature of Authorized Signer

Print Name of Authorized Signer

Title_____

Date_____