

Colorado Division of Registrations
Office of Licensing—Accountants
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800
FAX: (303) 894-7693
www.dora.state.co.us/registrations

APPLICATION FOR REINSTATEMENT—PUBLIC ACCOUNTING FIRM

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not function as a Public Accounting Firm in this state without a Colorado registration. Submission of this application does not guarantee registration. Therefore, do not make life or career decisions based on the probability that you may receive a registration. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Basic Requirements. Requirements for registration are outlined in the Colorado Revised Statutes, specifically 12-2-101, and the rules and regulations of the Colorado State Board of Accountancy. Both are available online at www.dora.state.co.us/accountants/firmlicensing.htm.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit the required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers, and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

Registration Expiration Grace Period for Applicants. All applicants who are issued registration within 120 days of the upcoming renewal expiration date will be issued a registration with the subsequent expiration date. For example, a registration issued between May 1, 2014 and August 31, 2014 will reflect a registration expiration date of August 31, 2017. A registration issued prior to May 1, 2014 will reflect an expiration date of August 31, 2014 and must renew in the upcoming renewal period.

- All Colorado Public Accounting Firm registrations expire on August 31 every three years and must be renewed to continue practicing.

APPLICANT CHECKLIST

- Submit a completed application and supporting documentation if required.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to the *State of Colorado*. All fees are non-refundable and subject to change every July 1.
- To report a change in name, entity, or ownership of the firm,** you must also complete the Application for Amendment to Firm Registration, available online at www.dora.state.co.us/accountants/firmlicensing.htm.

Return your completed application packet and all supporting documentation to:

Division of Registrations
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1560 Broadway, Suite 1350
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The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

Colorado Public Accounting Firm Registration Number: _____ Date Registration Expired: _____

PART 1—BUSINESS INFORMATION

Company Name:					
Federal Employer Identification Number (FEIN):					
Business Mailing Address:		PO Box, Street: City, State, Zip:			
Business Telephone Number: ()			E-mail Address: <i>Preferred method for communication:</i> <input type="checkbox"/> Mail <input type="checkbox"/> E-mail		
Company Owner(s): List all owners (if needed, attach an additional sheet in the same format).					
Name of Owner/ Responsible Party	Title/Position	Percent of Ownership	Certificate Number	State	Expiration Date

PART 2—REGISTRATION INFORMATION

Since the date this registration expired, has the company been practicing as a Public Accounting Firm in the state of Colorado? YES NO

Since the date this registration expired, has the company been practicing as a Public Accounting Firm in another jurisdiction? YES NO

List each jurisdiction, other than Colorado, in which the company is or has been registered as a Public Accounting Firm (if needed, attach an additional sheet in the same format). If not applicable, enter N/A.

State	Registration Number	Year registration issued	Disciplinary action against registration?	Is this registration current/active?
			<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
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART 2—REGISTRATION INFORMATION (Continued)

Are there any pending complaint(s) against any registration the company holds in any other jurisdictions? YES NO

Has the company ever had disciplinary action taken against it by another jurisdiction? YES NO

Has the company been practicing or holding out as a Public Accounting Firm in the state of Colorado? YES NO

➤ If **YES**, explain the nature of the engagement or how the holding out occurred: _____

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Signature of Owner/Responsible Party

Date