

SOUTH DAKOTA BOARD OF ACCOUNTANCY
301 East 14th Street Suite 200
Sioux Falls, SD 57104
(605) 367-5770

RENEWAL APPLICATION FOR FIRM PERMIT TO PRACTICE PUBLIC ACCOUNTANCY
FOR YEAR ENDING JULY 31, 2011

Firm
Permit Number

1. Firm Name _____
2. Principal Office Address _____
3. Principal Office Phone () _____ Fax Number () _____ e-mail _____
4. (a) Person to contact regarding firm applications _____
 (List address and phone number if different than principal office) _____
- (b) Permit holder in charge _____
5. Designation used: Certified Public Accountant(s) _____ Public Accountant(s) _____
6. Type of entity: Proprietorship ___ Partnership ___ Professional Corp ___ Limited Liability Co ___ Limited Liability Partnership ___
7. Addresses of all offices **other than principal office practicing in South Dakota (both in-state and out-of-state offices)**

(a) Check under "Send Mail" column to indicate which offices should receive mail. Mail will be sent to principal office and to any offices checked below.

Street	City	State	Zip	Area Code/ Phone #	Permit Holder in Charge	Firm Permit #	Send Mail

8. (a) The following are the South Dakota license holders who live in this state and perform any work in SD: and/or CPAs from out-of-state who perform audit work in South Dakota or for South Dakota clients:

Name	State	PA Lic.No. (PA'S Only)	CPA Cert No.	Firm Location

Check if a proprietor, member, partner, officer or shareholder. Use additional sheet if necessary.

8. (b) The applicant certifies all proprietors, partners, officers, shareholders, members, or employees of this firm, who are engaged in the practice of public accountancy in this state, hold South Dakota licenses (certificates) or are substantially equivalent in accordance with SDCL 36-20B-66 or 36-20B-67 are pursuant to SDCL 36-20B-21 or 36-20B-25(2).

9. Are all owners of this firm, active certificate holders? Yes ___ No ___ How many firm owners are there? _____
 What percentage of the firm is owned by licensees? _____ by non-licensees? _____
 Attach a list of all non-CPA/PA owners. Include name, address, job title, percent of ownership and percent of time devoted to firm.

10. List all states (other than SD) in which this firm has applied for or holds a permit to practice public accountancy

11. Pursuant to SDCL 36-20B-35, each holder or applicant for a firm permit shall notify the board in writing within thirty (30) days after its occurrence of any change in the identity of any partners, officers, members or shareholders who work within this state, any change in the number or location of offices within this state, any change in the identity of the persons in charge of such offices, and any issuance, denial, revocation or suspension of a permit by any other state.

If you answer "Yes" to any of the question below, you must provide a statement of explanation with this application.

yes no Has this firm ever had an application for a permit to practice public accountancy denied or had such a permit revoked or suspended by any state or Federal agency?

yes no Has this firm or any member of the firm been investigated, charged, or disciplined; or currently under investigation by a governing or licensing board or by a state or federal agency or the AICPA or any state CPA society since this firm's last renewal?

yes no Has this firm or any member of the firm been party to any civil suit, bankruptcy action, administrative proceeding, or binding arbitration; the basis of which is grounded upon an allegation of negligence, dishonesty, fraud, misrepresentation, or incompetence since this firm's last renewal?

12. Attach check to the South Dakota Board of Accountancy.

EXEMPTION FROM PEER REVIEW

If the firm wishes to claim exemption from Peer Review, the following statement must be completed and signed.

I, _____, _____, of _____ do hereby
 (Name) (Title) (Firm)

represent to the South Dakota Board of Accountancy this firm has not and will not engage in the financial reporting area of practice, including audits, reviews, compilations and accounting services on prospective financial information in South Dakota between January 1 and December 31, 2010, and it will immediately notify the board in writing if it engages in such practice in South Dakota.

 Signature

CERTIFIED TRUE STATEMENT

I, the undersigned, declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. Any person who signs such statement as provided for in this section, knowing the same to be false or untrue, in whole or in part, shall be guilty of perjury. I understand when a firm permit to practice public accountancy is issued to a firm, it must be surrendered upon demand by the State Board of Accountancy upon the firm's failure to pay the fees or upon revocation by the State Board of the firm permit for other causes as prescribed by law.

 Date

 Signature

FRAUD OR DECEIT IN THIS APPLICATION IS CAUSE FOR DENIAL OR REVOCATION OF THE FIRM PERMIT

FOR OFFICE USE ONLY

ADDITIONAL FIRM PERMITS

Renewal Firm Permit No. _____ approved on _____

Location _____

No. _____

Date Renewed _____

NOTES:

