

# Wisconsin Department of Safety and Professional Services

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## ACCOUNTING EXAMINING BOARD

### APPLICATION FOR RENEWAL OF ACCOUNTING FIRM LICENSE

1. FIRM NAME: \_\_\_\_\_ 2. LICENSE#: \_\_\_\_\_

3. TYPE OF FIRM:  Proprietorship  Corporation  Limited Liability Company  
 Partnership  Service Corporation  Limited Liability Partnership

4. ADDRESS OF EACH OFFICE LOCATED IN WISCONSIN (attach additional sheets if necessary).

a. \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code) (Phone Number)

b. \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code) (Phone Number)

c. \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code) (Phone Number)

d. \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code) (Phone Number)

5. If the firm does not have an office in Wisconsin, identify the location of the firm and the certified public accountants who are designated as the responsible person for Wisconsin engagements.

#### FIRM LOCATION:

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code) (Phone Number)

NAME OF CERTIFIED PUBLIC ACCOUNTANT: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

STATE LICENSED IN: \_\_\_\_\_

6. Designate below a Wisconsin certified public accountant to be the individual responsible for the firm's compliance with Wisconsin Statutes and administrative rules of the Wisconsin Accounting Examining Board.

NAME OF DESIGNATED CPA: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

**-OVER-**

