

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**Fax #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## ACCOUNTING EXAMINING BOARD

### INFORMATION FOR COMPLETING ACCOUNTING FIRM APPLICATION

A sole proprietorship, partnership, company, or corporation practicing accounting in Wisconsin is required to obtain a license as an Accounting Firm.

Any changes to the information provided on this application during the period of licensure must be reported in writing within 30-days of the effective date. Include the firm license number in all correspondence.

A change in ownership requires that a new application be submitted. A change in partnership does not require a new application.

### **AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

#### **For Initial Licensure or Reinstatement:**

1. **Application for Accounting Firm License (Form #125)**
2. **Credential Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Registration with the Department of Financial Institutions** – Only LLCs, LLPs, Corporations, and Foreign Corporations must meet this requirement.
4. **Peer Review** – Submit peer review if licensed more than three (3) years in another state and performing attest services.

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## ACCOUNTING EXAMINING BOARD

### APPLICATION FOR ACCOUNTING FIRM LICENSE

**Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stat. §§ 440.12 and 440.13).**

<b>PLEASE TYPE OR PRINT IN INK</b> <input type="checkbox"/> Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
<b>Firm's Name</b> <input style="width: 95%;" type="text"/>	<b>Business FEIN#</b> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
<b>Firm's Mailing Address (street)</b> <input style="width: 60%;" type="text"/> <b>(city)</b> <input style="width: 20%;" type="text"/> <b>(state)</b> <input style="width: 10%;" type="text"/> <b>(zip code)</b> <input style="width: 10%;" type="text"/>	
<b>Type of Firm:</b> <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Service Corporation <input type="checkbox"/> Limited Liability Partnership (LLP)	
<b>Address (street)</b> <input style="width: 25%;" type="text"/> <b>(city)</b> <input style="width: 20%;" type="text"/> <b>(state)</b> <input style="width: 10%;" type="text"/> <b>(zip code)</b> <input style="width: 10%;" type="text"/>	<b>Daytime Telephone Number</b> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>

**List below the addresses of each office located in Wisconsin** (Attach additional sheet(s) if necessary.):

<b>Office Address (street)</b> <input style="width: 25%;" type="text"/> <b>(city)</b> <input style="width: 20%;" type="text"/> <b>(state)</b> <input style="width: 10%;" type="text"/> <b>(zip code)</b> <input style="width: 10%;" type="text"/>	<b>Daytime Telephone Number</b> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
<b>Office Address (street)</b> <input style="width: 25%;" type="text"/> <b>(city)</b> <input style="width: 20%;" type="text"/> <b>(state)</b> <input style="width: 10%;" type="text"/> <b>(zip code)</b> <input style="width: 10%;" type="text"/>	<b>Daytime Telephone Number</b> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
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**Has the Firm ever been licensed in Wisconsin as an Accounting Firm?**       Yes       No      If yes, list your credential number:

**E-mail Address**

If you are closing a currently licensed firm with the opening of this firm, list the name, license number, and closing date of the closing firm.

<b>Name of Closing Firm</b>	<b>License Number</b>	<b>Closing Date</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>

**APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. To pay by credit card see [Form #3071](#).**

**Initial Credential Fee**  
**\$43.00 Total Fee Attached**

**Reinstatement Credential Fee** (for a credential expired more than five (5) years)  
 \$ 43.00 Renewal Fee  
 \$ 25.00 Late Renewal Fee  
**\$ 68.00 Total Fee Attached**

**For Receiving Use Only (3)**

# Wisconsin Department of Safety and Professional Services

Most types of business entities (including those formed under the laws of another state or country) must file documents with the Wisconsin Department of Financial Institutions (DFI). To confirm your status, you must first contact DFI at 608-261-7577 or at [www.wdfi.org/corporations](http://www.wdfi.org/corporations), then **check one** of the statements below:

- The Business Entity identified above is required by law to file documents with the Department of Financial Institutions in order to engage in business in Wisconsin and I certify that the documents have been filed, as required, and that the Business Entity has met current legal requirements to engage in business in Wisconsin, and has completed the Convictions and Pending Charges (Form #2252), if applicable
- The Business Entity identified above **has not filed documents**, as described above, with another Wisconsin agency, because the Business Entity is not required to do so.

If the firm does not have an office in Wisconsin or is rendering professional services via an Internet site, identify below the location of the firm and the Certified Public Accountant(s) designated as the manager(s) for Wisconsin engagements.

<b>Firm Location</b> (street) (city) (state) (zip code) <input style="width: 100%;" type="text"/>	<b>Daytime Telephone Number</b> <input style="width: 100%;" type="text"/>
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<b>Certified Public Accountant Name</b> <input style="width: 100%;" type="text"/>	<b>Daytime Telephone Number</b> <input style="width: 100%;" type="text"/>
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<b>Office Address</b> (street) (city) (state) (zip code) <input style="width: 100%;" type="text"/>	<b>State Licensed in</b> <input style="width: 100%;" type="text"/>
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List the names and addresses of all persons who are Certified Public Accountants and hold a financial interest or hold voting rights in the firm. (Attach additional sheets if necessary.)

List the names and addresses of all persons who are not Certified Public Accountants and have a financial interest or hold voting rights in the firm. (Attach additional sheets if necessary.)

Designate a Wisconsin Certified Public Accountant to be the individual responsible for the firm's compliance with Wis. Stat. ch. 442 and Administrative rules of the Wisconsin Accounting Examining Board.

<b>Name of Designated CPA</b> <input style="width: 100%;" type="text"/>	<b>License Number</b> <input style="width: 100%;" type="text"/>
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**ANSWER THE FOLLOWING QUESTIONS** (Attach additional sheet(s) if necessary.)

1.	Has the firm or any of its officers ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against the firm or any of its officers, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against the firm or any of its officers in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has the firm or any of its officers ever been convicted of a misdemeanor, felony, or other violation of federal or state law or does the firm or any of its officers have any felony, misdemeanor or other violation of federal or state law charges pending against you in this state or any other? This includes convictions resulting from a plea of no contest, a guilty plea, or verdict. <b>If yes, submit Convictions and Pending Charges Form #2252 and required documentation.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is the firm or any of its officers incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is the firm or any of its officers registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b> <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has the firm or any of its officers ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b> <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Wisconsin Department of Safety and Professional Services

## CERTIFICATIONS - I hereby certify that:

1. All attest services provided by the firm in this state are under the charge of an individual licensed as a Certified Public Accountant.
2. More than 50% of the ownership interest of the firm is held by individuals who are Certified Public Accountants.
3. Each individual who holds an ownership interest in the firm, but who is not a licensed CPA, actively participates in the firm or an affiliated entity.
4. The firm has undergone a peer review under a program approved by a State Board of Accounting during the last 3 years. The firm was last reviewed for the period ending:

/  /  by the  Board of Accounting.

Did the peer review report require follow-up?  Yes  No

### **OR**

The firm has not undergone an approved State Board of Accounting peer review because the firm (**check applicable box**):

Is a new firm that has not been licensed in another state.

Has been licensed less than three (3) years. Date license was granted:  /  /

Has been licensed more than three (3) years but has not offered or performed an attest service within the 3-year period preceding this application.

## CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

## AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Name of CPA

Wisconsin License Number

Signature of CPA (**Print and Sign Form**)

Date

 /  /