

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
Website: <http://dsps.wi.gov>

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 #: _____

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