

**Certified Public Accountant  
Form 6R**

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Office of the Professions  
Division of Professional Licensing Services CPA Unit  
www.op.nysed.gov

**Application for Public Accounting Firm Registration  
(For Firms Other Than Professional Corporations)**

This form must be completed by the CPA or PA Responsible for this Firm

**Instructions:** Complete both pages of this form. Be sure to sign and date the affirmation and return the entire form with the appropriate fee along with any other required documentation to the address at the end of the form.

**Firm Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Federal Employer Identification:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address (If different than above):**  
\_\_\_\_\_  
\_\_\_\_\_

**List the physical address of any additional office locations within New York (attach additional sheets if necessary):**  
\_\_\_\_\_  
\_\_\_\_\_

**Firm Type (if a Professional Corporation, use Form 6R-PC):**     LLC     LLP     Partnership     Sole Proprietorship

**Identify the services the firm plans to perform:**

- |                                       |                                  |  |   |
|---------------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> Audits       | <input type="checkbox"/> Reviews | <input type="checkbox"/> Attestation Engagements | <input type="checkbox"/> Agreed-upon procedures |
| <input type="checkbox"/> Compilations | <input type="checkbox"/> Taxes   | <input type="checkbox"/> Management Consulting   | <input type="checkbox"/> Financial Consulting   |
| <input type="checkbox"/> Other: _____ |                                  |  |   |

**Peer review program in which the firm is enrolled:**

- AICPA     NYSSCPA     Exempt     Other: \_\_\_\_\_

**Note:** All firms performing attest services must undergo a peer review of their system of quality control as a condition of re-registration beginning January 1, 2012.

**Has the firm adopted a system of quality control in accordance with the provisions of the AICPA Statements on Quality Control Standards?**     Yes     No

**Who is responsible for the firm's quality review system?**

**Name:** \_\_\_\_\_

**License/Certificate Number:** \_\_\_\_\_ **Jurisdiction:** \_\_\_\_\_

**Is the firm subject to inspections conducted by the PCAOB as required by the Sarbanes-Oxley Act of 2002?**     Yes     No

If yes, date of last PCAOB inspection: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo.                      day                      yr.

**If this is a successor firm, please provide the following information:**

Date of last peer review: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Next peer review due: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

**Has the firm been subjected to disciplinary action or been denied a registration, permit or license to practice public accountancy by any government or other regulatory agency?**  Yes  No

If yes, please submit a letter giving a complete, detailed explanation.

**The firm registration fee is \$50 for each office of the firm in New York State; plus, a \$10 fee for each certified public accountant or public accountant owner in New York.**

**Fee Calculation:**

$(\$50 \times \frac{\text{_____}}{\text{\# of offices In New York*}}) + (\$10 \times \frac{\text{_____}}{\text{\# of CPA or PA owners in New York}}) = \$ \frac{\text{_____}}{\text{Total Fee Due}}$

\*If your firm does not have any offices in New York State, enter 1.

**Listing of all states in which the firm has applied for or holds a registration, permit or license as a public accounting firm (attach additional sheets if necessary):**

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**Affirmation** (when signing, be sure to check the appropriate title)

We the undersigned affirm under penalties of perjury that I am a certified public accountant licensed or otherwise authorized to practice public accountancy in New York, my office and principal place of business being located at \_\_\_\_\_; that, to the best of my knowledge, all statements made in this application regarding the said firm are true; that said firm has complied with all provisions of the laws of this State applicable thereto including but not limited to the provisions of Article 149 of the State Education Law, and all applicable provisions of the Rules of the Board of Regents and Regulations of the Commissioner of Education; that the sole proprietor or each partner, member, or shareholder in such firm is in good standing as a certified public accountant of one or more of the States or political subdivisions of the United States or a public accountant licensed in this State; that no state or political subdivisions of the United States has revoked the certificate of the sole proprietor or any partner, member, or shareholder of said firm; and that the sole proprietor or each partner, member, or shareholder of said firm engaged within this State in the practice of public accountancy, is a certified public accountant or public accountant of this State in good standing and is registered by the New York State Education Department or is otherwise authorized to practice in this State and is in good standing as a certified public accountant in his or her state of principal place of business.

\_\_\_\_\_  
Signature of sole proprietor, partner, member or shareholder

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

- Mail this form with:**
1. A check or money order for the appropriate fee, made payable to the NYS Education Department; and
  2. the Certification of Ownership and Attest Competency for Firm Registration; and
  3. the additional documentation required by firm type as follows:
    - a. **LLPs:** A certified copy of the Certificate or Notice of Registration filed with the NYS Department of State.
    - b. **Domestic LLCs:** A certified copy of the Articles of Organization filed with the NYS Department of State.
    - c. **Foreign LLCs:** A certified copy of the Application for Authority filed with the NYS Department of State
    - d. **Sole Proprietorships:** If it was required, a copy of the assumed name certificate filed with your county clerk.

**To: The State Board for Public Accountancy, New York State Education Department, 89 Washington Avenue, 2<sup>nd</sup> Floor East Mezzanine, Albany, NY 12234.**