

## CalCPA PEER REVIEW PROGRAM

California Society of CPAs  
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# CalCPA Peer Review Program Enrollment Form

### Name and address of the main office of the firm (including sole practitioners):

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

### Information about your firm:

#### 1. Name of managing partner or equivalent:

☐ Mr. ☐ Ms.

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail address \_\_\_\_\_

#### Name and address of person to contact at the firm concerning peer review matters:

☐ Mr. ☐ Ms. ☐ Same as Managing Partner

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail address \_\_\_\_\_

2. (a) Total number of CPA and non-CPA partners: \_\_\_\_\_

(b) Number of CPA partners: \_\_\_\_\_

3. Number of CPAs including partners: \_\_\_\_\_

4. Number of personnel including partners: \_\_\_\_\_

5. Total number of engagements performed or expected to be performed under the Statements on Auditing Standards (SASs), examinations of prospective financial statements under the Statements on Standards for Attestation Engagements (SSAEs), and Government Auditing Standards:

☐ None      ☐ 1 to 5      ☐ 6 to 9      ☐ 10 or more

**NOTE:** If you need to have this review done for licensure, please indicate when your results are due to the State Board: Due Date \_\_\_\_\_

6. Does the firm perform the following:

Reviews of financial statements? ☐ Yes    ☐ No

Compilations of financial statements with disclosures? ☐ Yes    ☐ No

Compilations of financial statements that omit substantially all disclosures? ☐ Yes    ☐ No

Engagements performed under the Statements on Standards for Attestation Engagements (SSAEs) including financial forecasts and projections, agreed-upon procedures and other engagements, and excluding the engagements referred to in question 6? ☐ Yes    ☐ No

7. Has the firm entered into an arrangement with a non-CPA owned entity with which the firm is closely aligned?

☐ Yes      ☐ No

If yes, please indicate the name and location of the non-CPA owned entity, and the nature of the arrangement:

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**Applicant's statement: To the best of our knowledge and belief the information submitted herewith is true and correct. We understand that acceptance of this application will enroll our firm in the CALCPA Peer Review Program. We agree to be bound by the policies and procedures of the CALCPA Peer Review Program, including those which may restrict our right to resign from the CALCPA Peer Review Program once a peer review has commenced.**

**ACKNOWLEDGEMENT OF REQUIREMENTS:**

This statement should be signed by the firm's managing partner.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_