

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

William Treacy, Executive Director
 (512) 305-7800
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333 Guadalupe, Tower 3, Suite 900
 Austin, TX 78701-3900
 www.tsbpa.texas.gov

REGISTRATION OF A REGISTERED LIMITED LIABILITY PARTNERSHIP (RLLP)

REFER TO THE INSTRUCTIONS FOR REGISTRATION OF A REGISTERED LIMITED LIABILITY PARTNERSHIP

RLLP Information (Type or Print)

Federal Identification Number

1. Firm Name

Out-of-State License/Permit/Registration No.

2. Principal Office Address

Street City State Zip Code

3. Mailing Address if Different

Street City State Zip Code

4. Principal Office Telephone Number Email

5. Contact person for firm registration and license renewals (must be an owner and a CPA)

Name Certificate Number State

6. Does each individual or resident person in charge who is a CPA and who resides in Texas hold a current license to practice public accounting in Texas? (Each individual must hold a current license in order for the RLLP to be registered and for an office license to be issued).

YES NO

7. Has each partner residing in Texas who is a Non-CPA owner submitted an application (Form L0022) to be registered in Texas? (Each Non-CPA owner must complete an application and be approved before the RLLP can be registered and a firm office license to be issued).

YES NO

8. If an out-of-state RLLP, does each partner or resident person in charge who is a CPA hold a current license to practice public accounting in the state in which the firm's main office is located?

YES NO

For Board Use Only		
FIRM OFFICE FORM ATTACHED YES <input type="checkbox"/> NO <input type="checkbox"/>		REGISTRATION NO.
PEER REVIEW FORM ATTACHED YES <input type="checkbox"/> NO <input type="checkbox"/>	NON-CPA OWNERS YES <input type="checkbox"/> NO <input type="checkbox"/> # <input type="text"/>	APPROVED DATE

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Firm Name

9. Date RLLP was Formed Date RLLP Commenced Practicing in Texas

10. If this is a Texas firm whose name has changed, list previous firm name

<input type="text"/>	<input type="text"/>
Previous Firm Name	Firm Registration Number
<input type="text"/>	<input type="text"/>
Date Dissolved	Effective Date of Name Change

11. Has this firm ever had an application for a license to practice public accountancy denied or had such a permit revoked or suspended by any state or federal agency?

YES NO If YES, attach an explanation.

12. Has any partner or director been convicted of any felony or misdemeanor involving fraud or deceit not previously reported to the Board?

YES NO If YES, attach an explanation.

13. Has the firm or any individual associated with the firm been involved in legal or administrative proceedings relating to professional accounting services within the state of Texas during the last three years?

YES NO If YES, attach an explanation.

14. Has a copy of the letterhead currently used by this firm been attached?

YES NO Check if the firm has no letterhead.

15. If a Texas firm, are any of the partners of the Limited Liability Partnership non-CPA owners?

YES NO

16. Purpose for which the firm was organized, as stated in the charter.

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Firm Name

PARTNERS

- A complete list of all the partners residing in Texas, whether or not silent, inactive, or non-CPA residing in Texas must be indicated.
- All CPAs coming into Texas to practice public accountancy through this firm must be licensed to practice public accountancy in the state of the registering firm. If not licensed, the individual cannot practice in Texas.
- Each office of the partnership in Texas must be under the full-time charge of at least one person who is authorized to practice public accountancy in Texas. If one of the partners is a professional corporation then the corporation must be identified as a corporation of certified public accountants, and the person in charge must hold a valid license and be a certified public accountant of Texas.
- **THE BOARD MUST BE NOTIFIED IN WRITING IF THERE IS**
 - an admission or withdrawal of a partner,
 - a change in the office maintained in Texas and/or a change in the resident person in charge of said office both as to the name and address of the resident person and the address of the office with which the licensee is associated; or
 - any other changes which were required for registration.

All changes must be reported to the Board within one month (30 days) after such changes become effective.

Name (Must Be That of an Individual)	Residence Street Address, City, and Zip Code (PO Box Numbers Not Acceptable)	Office With Which Partner Is Associated	States Certified In		Is License Current?
			Cert. No.	State	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> YES <input type="radio"/> NO

LIST THE NON-CPA PARTNERS ASSOCIATED WITH THE PARTNERSHIP

Name (Must Be That of an Individual)	Residence Street Address, City, and Zip Code (PO Box Numbers Not Acceptable)	Office with Which Partner Is Associated
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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Firm Name _____

AFFIDAVIT

I hereby certify that I am _____ of _____
Title Firm Name

and that all statements, answers, and representations made in the foregoing application, including all supplemental statements, are true and accurate. I understand that if a license to practice public accountancy is issued to a firm or practice unit (office), it must be surrendered upon demand by the Texas State Board of Public Accountancy upon failure to pay the annual license fees prescribed by law or upon revocation of the license for other causes as prescribed by law.

Date

Signature