

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

William Treacy, Executive Director
 (512) 305-7800
 FAX (512) 305-7875

333 Guadalupe, Tower 3, Suite 900
 Austin, TX 78701
 www.tsbpa.texas.gov

APPLICATION FOR REGISTRATION OF FIRM OFFICE(S)

The main office engaged in the practice of public accountancy must register with the Board and be issued a license to practice. All Texas offices must list the names of the sole proprietor, partner, shareholder, incorporator and/or director in each office on the application. For **offices located in Texas**, the sole proprietor, partner, shareholder, incorporator, and director must have a current license/permit to practice public accountancy in this state. For offices in Texas, a resident manager in charge must be a Texas CPA in good standing and have a current license to practice public accountancy in Texas. **Out-of-state offices must indicate the resident manager in charge of the main office.**

Each non-CPA owner of a firm practicing in Texas must be approved by the Board as part of the firm registration requirements. The *Application for Non-CPA Owners of a Firm in Texas* must be completed for each non-CPA owner of the firm and be returned with firm registration forms. These individuals should be listed on this form with the office with which they are associated.

Firm Name _____

LIST OFFICES OF THE FIRM

Main Office #1

Location Street Address _____

Mailing Address _____

City, State, Zip _____

Email Address _____

Telephone Number _____

Full Time Part Time

Date of Organization _____

LIST INDIVIDUALS ASSOCIATED WITH THIS OFFICE

Certificate No. and State	Name of Sole Proprietor, Partners, Shareholders, Incorporators, Directors, or Resident Manager Associated with This Office	Check All That Apply						If licensed in Texas, is the license current? <input type="radio"/> Yes <input type="radio"/> No
		Sole Proprietor	Partner	Shareholder	Incorporator	Director	Resident Mgr.	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No

LIST THE NON-CPA OWNERS ASSOCIATED WITH THIS OFFICE

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**APPLICATION FOR REGISTRATION OF FIRM OFFICE(S) -
 continued**

Firm Name _____

LIST OFFICES OF THE FIRM

Office #2

Location Street Address _____
 Mailing Address _____
 City, State, Zip _____ Email Address _____
 Telephone Number _____ Full Time Part Time Date of Organization _____

LIST INDIVIDUALS ASSOCIATED WITH THIS OFFICE

Certificate No. and State	Name of Sole Proprietor, Partners, Shareholders, Incorporators, Directors, or Resident Manager Associated with This Office	Check all that Apply						If licensed in Texas, is the license current? <input type="radio"/> Yes <input type="radio"/> No
		Sole Proprietor	Partner	Shareholder	Incorporator	Director	Resident Mgr.	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No

LIST THE NON-CPA OWNERS ASSOCIATED WITH THIS OFFICE

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**APPLICATION FOR REGISTRATION OF FIRM OFFICE(S) -
 continued**

Firm Name _____

LIST OFFICES OF THE FIRM

Office #3
 Location Street Address _____
 Mailing Address _____
 City, State, Zip _____ Email Address _____
 Telephone Number _____ Full Time Part Time Date of Organization _____

LIST INDIVIDUALS ASSOCIATED WITH THIS OFFICE

Certificate No. and State	Name of Sole Proprietor, Partners, Shareholders, Incorporators, Directors, or Resident Manager Associated with This Office	Check All That Apply						If licensed in Texas, is the license current?
		Sole Proprietor	Partner	Shareholder	Incorporator	Director	Resident Mgr.	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No

LIST THE NON-CPA OWNERS ASSOCIATED WITH THIS OFFICE
