

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

APPLICATION FOR A NON-CPA OWNER OF A FIRM IN TEXAS
THIS FORM APPLIES ONLY TO NON-CPA OWNERS OF A CERTIFIED PUBLIC
ACCOUNTANCY FIRM WHO ARE RESIDENTS OF TEXAS

REFER TO THE *INSTRUCTIONS FOR COMPLETING THE NON-CPA OWNER OF A FIRM IN TEXAS*

PERSONAL INFORMATION

FULL LEGAL NAME (PRINT) _____

First _____ Middle _____ Last _____

SOCIAL SECURITY NUMBER _____

MAILING ADDRESS

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

TELEPHONE NUMBER HOME _____ BUSINESS _____

SEX Male Female **DATE OF BIRTH** Month _____ Day _____ Year _____

BUSINESS INFORMATION

Name of Firm _____ Firm Identification Number _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

BUSINESS TELEPHONE NUMBER _____ BUSINESS FAX NUMBER _____ BUSINESS E-MAIL ADDRESS _____

PROFESSIONAL INFORMATION

DO YOU HOLD A BACCALAUREATE OR GRADUATE DEGREE CONFERRED BY A UNIVERSITY OR COLLEGE? Yes No Date Conferred _____

Degree _____ From _____

DO YOU HOLD A PROFESSIONAL DESIGNATION? Yes No

Designation Held _____

Conferred by _____ Date _____

For Board Use Only

Firm Number _____ Ethics Course ___Yes ___No Rules Grade _____ Approved _____

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APPLICATION FOR NON-CPA OWNER OF A FIRM IN TEXAS – continued

Name

Social Security Number

Firm Name

Firm Identification Number

AFFIDAVIT OF NON-CPA OWNER

- I swear or affirm that I will comply with the laws and regulations of the State of Texas and the Rules of the Texas State Board of Public Accountancy.
- I understand and agree that I may be disciplined for violations of laws and regulations of the State of Texas and the Rules of the Texas State Board of Public Accountancy.
- I appoint the Secretary of the State of Texas my agent for service or process of any claim arising from activities from the firm licensed by the Texas State Board of Public Accountancy.
- I understand that the laws of the State of Texas may also impose other requirements on those persons or entities that do business in Texas. I understand that the Texas State Board of Public Accountancy does not excuse or obviate the need to comply with any such other laws or rules of the State of Texas.
- I authorize any client, governing or licensing board, state or federal agency, or professional organization, to disclose or verify information to the Texas Board in connection with this application and my firm's qualifications for licensure.
- Have you ever been denied, revoked, or suspended from holding any type of professional license or permit in any state or foreign country? If you answered YES, attach a detailed statement explaining the reason. Yes No
- Are you "actively involved" in the firm or an affiliated entity of the firm? If your involvement is with an affiliated entity of the firm, what is the name of the entity? Yes No

- Have you completed any Continuing Professional Education within the past 12 months? If you answered YES, how many hours? _____ Yes No
- Have you ever been arrested, charged, and/or convicted of a felony or misdemeanor, placed on probation, or granted deferred adjudication in any state or by the federal government? If you answered YES, attach a detailed statement of explanation. Yes No
- Do you have a financial interest and hold voting rights in the firm? Yes No
If you answered YES, what percentage do you hold?

Financial Interest % _____ Voting Rights % _____

I hereby certify that my answers to all questions in this application are true and correct. I also acknowledge that any falsification of a government record is subject to criminal penalties.

SIGNATURE

DATE

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_____	_____
Name	Social Security Number
_____	_____
Firm Name	Firm Identification Number

This affidavit must be completed by one of the CPA owners in the firm.

AFFIDAVIT OF CPA OWNER OF THE FIRM

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

and that all statements, answers, and representations made in the foregoing application are true and accurate to the best of my knowledge.

Signature Texas Certificate Number Date