William Treacy, Executive Director 512-305-7800 FAX (512) 305-7875 Email forms to: licensing@tsbpa.texas.gov 505 E. Huntland Drive, Suite 380 Austin, TX 78752-3757 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 Identifi	cation Number		
1. Firm Name	Out-of-State Lie	Out-of-State License/Permit/Registration No.		
2. Principal Office Address				
Street 3. Mailing Address if Different	City	State	Zip Code	
Street	City	State	Zip Code	
4. Principal Office Telephone Number	Ema	il		
5. Contact person for firm registration and Name	license renewals (must be Certificate Number	e an owner and a C State	PA) 	
6. Does each individual or resident person license to practice public accounting in To the RRLP to be registered and for an officence of the NO	exas? (Each individual m			
7. Has each partner residing in Texas who registered in Texas? (Each Non-CPA ow RLLP can be registered and a firm office YES NO	ner must complete an app			
8. If an out-of-state RLLP, does each partner license to practice public accounting in the YES NO				
r Board Use Only				
IRM OFFICE FORM ATTACHED ES NO NO		REGISTR	ATION NO.	
PEER REVIEW FORM ATTACHED NO YES YES	ON-CPA OWNERS	APPROVED	DATE	

William Treacy, Executive Director 512-305-7800 FAX (512) 305-7875 Email forms to: licensing@tsbpa.texas.gov 505 E. Huntland Drive, Suite 380 Austin, TX 78752-3757 www.tsbpa.texas.gov

REGISTRATION OF A REGISTERED LIMITED LIABILITY PARTNERSHIP (RLLP) – continued

Fir	m Name				
9.	Date RLLP v	was Formed	Date RLLP Commenced Practicing in Texas		
10.	If this is a Texas firm whose name has changed, list previous firm name				
	Previous Firm	ı Name	Firm Registration Number		
	Date Dissolve	ed	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?				
	O 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?				
	O YES	\bigcirc NO	If YES, attach an explanation.		
13.			ssociated with the firm been involved in legal or administrative ional accounting services within the state of Texas during the last three		
	O YES	\bigcirc NO	If YES, attach an explanation.		
14.	Has a copy of the letterhead currently used by this firm been attached?				
	O YES	O NO	Check if the firm has no letterhead.		
15.	Number appearing on the charter issued by the Secretary of State of Texas				
16.	Date chart	er was issued			
17.	If a Texas firm, are any of the partners of the Limited Liability Partnership non-CPA owners?				
	O YES	\bigcirc NO			
18.	Purpose fo	r which the firm was	organized, as stated in the charter.		

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

Firm Name ___

Email forms to: licensing@tsbpa.texas.gov
505 E. Huntland Drive, Suite 380
Austin, TX 78752-3757
www.tsbpa.texas.gov

REGISTRATION OF A REGISTERED LIMITED LIABILITY PARTNERSHIP (RLLP) – continued

PARTNERS

>	A complete list of Texas must be ind	all the partners residing in Texas, icated.	whether or not silent, inc	active, or non	-CPA re	siding in
>		nto Texas to practice public accounts state of the registering firm. If not li	-		•	ce public
>	authorized to pract corporation must be	e partnership in Texas must be un tice public accountancy in Texas. If one identified as a corporation of cert and be a certified public accountant	one of the partners is a protified public accountants, a	ofessional cor	poration	then the
≽T	HE BOARD MUST	BE NOTIFIED IN WRITING IF THE	RE IS			
	a change in the o as to the name a associated; or any other change I changes must be	vithdrawal of a partner, ffice maintained in Texas and/or a c and address of the resident person s which were required for registratio reported to the Board within one	and the address of the o	ffice with which	ch the lid	
en	fective.					
	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 Cert Cert. No.	tified In State	Is License Current?
	Name (Must Be That	and Zip Code				
	Name (Must Be That	and Zip Code				Current?
	Name (Must Be That	and Zip Code				Current?
	Name (Must Be That	and Zip Code				Current? O YES ONCO O YES ONCO
	Name (Must Be That of an Individual)	and Zip Code (PO Box Numbers Not Acceptable)	Partner Is Associated	Cert. No.	State	Current? O YES ONCO O YES ONCO O YES ONCO
	Name (Must Be That of an Individual)	and Zip Code	ASSOCIATED WITH THE Dity, and Zip Code	Cert. No.	State	Current? YES NO YES NO YES NO YES NO

William Treacy, Executive Director (512) 305-7800 FAX (512) 305-7875 Email forms to: licensing@tsbpa.texas.gov 505 E. Huntland Drive, Suite 380 Austin, TX 78752-3757 www.tsbpa.texas.gov

REGISTRATION OF A REGISTERED LIMITED LIABILITY PARTNERSHIP (RLLP) – continued

	AFFIDAVIT	
I hereby certify that I am	of	
Title	Firm Name	
supplemental statements, are true accountancy is issued to a firm or practice.	representations made in the foregoing application, included accurate. I understand that if a license to practice unit (office), it must be surrendered upon demand by a failure to pay the annual license fees prescribed by last as prescribed by law.	ice publice the Texas
Date	Signature	