

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

William Treacy, Executive Director
(512) 305-7800
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Email forms to: licensing@tsbpa.texas.gov
505 E. Huntland Drive, Suite 380
Austin, TX 78752-3757
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)
SOCIAL SECURITY NUMBER
MAILING ADDRESS
EMAIL ADDRESS
TELEPHONE NUMBER
SEX
DATE OF BIRTH

BUSINESS INFORMATION
Name of Firm
Firm Identification Number

PROFESSIONAL INFORMATION
DO YOU HOLD A PROFESSIONAL DESIGNATION?
Designation Held
Conferred by
Date

- Have you ever been denied, revoked, or suspended from holding any type of professional license or permit in any state or foreign country?
Are you "actively involved" in the firm or an affiliated entity of the firm?
Do you have a financial interest or hold voting rights in the firm?

For Board Use Only
Firm Number
Rules Grade
Approved

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

Individual Name

Firm Name

- 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.

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*

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