

INITIAL FIRM REGISTRATION

Wyoming Board of CPAs
 2020 Carey, Suite 702
 Cheyenne, WY 82001-0610
 307-777-7551 Fax 307-777-3796

Partnerships, corporations, limited liability companies and sole proprietors that furnish professional accounting services from a Wyoming location must register with the Board. Non-resident firms that perform attest services, SSAE engagements or PCAOB engagements but do not have a Wyoming location must also register. Firms that perform financial statements services but are not required to be peer reviewed by some state or the AICPA must also register. Firms with non-CPA owners must provide a listing of all owners, CPA and non-CPAs with this application.

CPAs who provide accounting services outside of their regular employment for anyone other than themselves or an entity wholly owned by them, for compensation, must register as sole proprietors.

FIRM INFORMATION

Name: _____
 Street Address: _____
 City/State/Zip: _____
 Phone: _____
 EIN: _____

Designated Certificate Holder (name of CPA responsible for firm)

DCH E-Mail _____ **Print or type**

Please list additional office locations located within the State of Wyoming (provide street, city, state, zip, phone, and name of CPA responsible for financial statement services provided at each location).

FIRM REGISTRATION TYPE

Entity Type (Check One)	Fee	Additional Information Required
_____ Partnership (Any Type)	\$210	
_____ Corporation (Any Type)	\$210	Copies of filed Articles of Incorporation
_____ Limited Liability Company (Any Type)	\$210	Copies of filed Articles of Organization
_____ Sole Proprietorship	\$210	

SCOPE OF PRACTICE INFORMATION

Complete the line representing the highest level of service.				New	
Scope	Is your firm an AICPA member? Yes/No	Date of the last peer review completed.	Additional Information Required	Is this a new firm? If yes, your firm must enroll in the AICPA peer review program and comply within 18 months from the year of the first engagement. Yes	No
Audits			Copy of most recent Peer Review Acceptance Letter		
Reviews			Copy of most recent Peer Review Acceptance Letter		
Compilations			Copy of most recent Peer Review Acceptance Letter		
SSAE Engagements			Copy of most recent Peer Review Acceptance Letter		
PCAOB Engagements			Copy of PCAOB Final Report /Response if applicable		
Other (Tax/Consulting/ Etc)		N/A	None	N/A	N/A

This registration form must be signed by the CPA (provided above) who is responsible for representing the firm in Wyoming (DCH) as designated above. Be sure to include applicable fees to register the firm and individuals whose principal place of business is in Wyoming. The signature below affirms the firm fully complies with W. S. 33-3-118 and all applicable rules and regulations. Chapter 3, Section 6 requires each firm's DCH to report the occurrence of certain reportable events. I am herewith disclosing the required information as applicable by attaching form SR1 as required.

DCH Signature: _____

Date: _____