

405 Capitol Street, Suite 908
 Charleston, West Virginia 25301
 (304) 558-3557
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 wvboa@mail.wvnet.edu

West Virginia Board of Accountancy



Please type or print legibly

Fee: \$85.00

INITIAL REGISTRATION FOR AN AUTHORIZATION TO PERFORM ATTEST AND/OR COMPILATION SERVICES AS AN INDIVIDUAL PRACTITIONER

I will be providing _____ attest _____ compilation services. (Check all that apply)

Section I

Individual Practitioner Name: _____

Address: _____

City _____ State _____ Zip _____ Phone: _____

Section II

1. Has your certification, firm permit or professional license ever been denied, revoked, suspended, placed on probation or censured for any reason by West Virginia or any other state? (Please explain fully on separate sheet of paper.)

Section III

List the location of each office and the in-charge CPA below: (attach additional information if necessary and refer to this section)

Location (street address, city, zip)	CPA/PA In-Charge	Certificate/Registration Number

For Board Use Only		
Fee Remitted: _____	Processed by: _____	Date Received: _____
Approved: _____	Denied: _____	Date of Approval or Denial: _____
Board President or Designee Signature : _____		

Section IV

I certify that the information I have submitted on this application is correct and true to the best of my knowledge.

I am currently undergoing a Peer Review program scheduled for _____ (date).

My last Peer Review was performed by _____
and dated _____. (Provide most recent verification from AICPA or a State Society of CPAs that you are enrolled in a Peer Review Program).

I verify that as a *Certified Public Accountant* or *Public Accountant*, I meet the competency requirements set forth in the Generally Accepted Auditing Standards published by the AICPA (for attest services) and/or the Statements on Standards for Accounting and Review Services published by the AICPA (for compilation services).

Authorized Signature (Individual Practitioner)

Date

Unless otherwise requested, Authorizations will initially be issued for a period to begin on the approval date and expire on the 30th day of June following the date of issue. (If you are making application in April or May, you may want to time the submission of your application for a July 1 effective date. Otherwise, you will be required to renew your Authorization for the period beginning July 1 to June 30. Please be aware that you are prohibited from offering these services until you have received an approved Authorization to Perform Attest/Compilation Services.)

Please make this Authorization effective _____. (no later than 45 days after making application.)
Date

Please include the following enclosures:

- Completed Application with
- Check for \$85 made out to the West Virginia Board of Accountancy and
- Copy of State Society or AICPA Peer Review verification letter
- Copy of most recent license/certificate to practice

Return application to: West Virginia Board of Accountancy, 405 Capitol Street, Suite 908, Charleston, WV 25301