

West Virginia Board of Accountancy
405 Capitol Street, Suite 908
Charleston, WV 25301-1744
(304) 558-3557 Fax: (304) 558-1325



Renewal Fee: \$85.00
Late Fee (after June 30 postmark
deadline*) 50.00
(*late fee applies on or after July 1)

Total remitted \$ _____

Annual Individual Authorization Renewal

(for the period beginning July 1, 2016 through June 30, 2017)

Your Individual Authorization to Perform Attest or Compilation Services cannot be issued unless the Renewal Form is complete. Include additional sheets as necessary. Send original form with signature to Board office. Photocopy the completed form for your files. (Type or print very legibly)

License Number: _____

Name: _____

Address: _____

Business Phone: _____ Fax: _____ Cell: _____

E-mail address: _____

Please list all states in which you have an Authorization to Perform Attest/Compilation Services _____

I am not offering to perform attest or compilation services in West Virginia and do not wish to renew my authorization at this time. No fee required. (Please indicate this preference at right with an "X".) _____

Section 1: Eligibility Verification Questionnaire:

1. Are you offering to perform attest or compilation services in West Virginia? Yes No

2. Are you currently enrolled in a peer review program that conforms with applicable rules? Yes No
(Individual practitioners who are enrolled in the WV Society of CPAs' Peer Review Program are exempt from providing Peer Review documentation. All others must submit documentation of current enrollment in a Peer Review Program that meets Board requirements. (This Renewal Form will be returned to you for failure to provide such documentation.)

3. Have you organized your business in any form other than as a sole-practitioner? (If Yes, please provide details.) Yes No

4. Have you established a new branch office or closed or changed the address of a branch office in this State? Yes No
Indicate address of any branch office that has changed or closed since last renewal period:

Section 2: Indicate any change of address or name of business below:

Name _____

Street Address Suite or Office Number City State Zip

Section 3: By signing and dating this form below, I do certify, under penalties of perjury and false swearing, that the information I have submitted is true and correct to the best of my knowledge. Making a false statement may subject the certificate or registration holder to disciplinary action including, but not limited to, revocation or suspension of the certificate or registration.

Signature of Sole Practitioner Date

Print Name