

IDAHO STATE BOARD OF ACCOUNTANCY
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or
PO Box 83720, Boise Idaho 83720-0063
Phone: (208)-334-3233 Website: <https://dopl.idaho.gov>
E-mail: isba@dopl.idaho.gov

FIRM REGISTRATION

The person designated to coordinate firm registration and Peer Review for the firm should complete one form for the entire firm. It is each licensee's responsibility to make sure they are listed on the firm's registration form.

The designated person should complete and sign the registration form (attaching Peer Review documents and the registration fee as appropriate) and submit to the Board office on or before September 30th annually.

FEES: The fee for annual firm registration is \$20 per firm plus \$5 for each licensee in the firm, up to a maximum of \$200 per firm.

NOTE: Only firms offering or performing attest services register and pay the fee.

REQUIRED DOCUMENTS: If your Firm had a Peer Review in the past year, copies of the Peer Review Report Letter; Letter of Comments and Letter of Response (if any); Conditional Acceptance Letter (if any)*; and Final Acceptance Letter must be sent to the ISBA board office. *If your firm received a Conditional Acceptance letter, submit it with the form. You must provide a copy of the Final Acceptance letter to the ISBA board office within 30 days of receipt. **NOTE:** The administering organization does **NOT** provide peer review results or documents to the Board.

NOTE:

- Failure to file the Firm Registration form by September 30th annually will result in a \$100 fine per licensee.
- Failure to enroll and undergo a Peer Review when required will result in a \$100 per licensee penalty for each act of non-compliance in addition to administrative penalties.
- CPA/LPA Licenses will not be renewed if Firm Registration requirements are not met.

For further questions please call the Board office. 208-334-3233

IDAHO STATE BOARD OF ACCOUNTANCY
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or
PO Box 83720, Boise Idaho 83720-0063
Phone: (208)-334-3233 Website: <https://dopl.idaho.gov>
E-mail: isba@dopl.idaho.gov

For Office Use Only	
Batch	_____
Sequence #	_____
Date	_____
Check #	_____
Amount	_____

FIRM REGISTRATION: First time or annual renewal

Firm # _____

Firm Name _____

(Main branch - attach a list of additional sites if any.)

EIN# _____

Circle one: Sole Proprietorship Corporation Partnership PLLC LLC Other

Address: _____

City, State, Zip: _____ Phone: _____

Main Contact Phone: _____ Email: _____

PUBLIC ACCOUNTING SERVICES PERFORMED IN IDAHO OR FOR IDAHO CLIENTS:

Attest Services Provided: _____ Audits _____ Compilations _____ Reviews

Non-Attest Services Provided: _____ Taxes _____ Financial Statements w/o reports

If your Firm changed the scope of services performed in the last 12 months, please explain:

Started offering/performing attest work. Date: _____

Stopped offering/performing attest work. Date: _____

NOTE: Only Firms subject to Peer Review pay register and pay the Firm Registration Fee.

ADMINISTERING ORGANIZATION:

_____ AICPA-CPCAF (Center for Public Company Audit Firms)

_____ State CPA Society. Which state: _____

PEER REVIEW DOCUMENTS:

If your firm completed a Peer Review in the past year, attach copies of the following

_____ Peer Review Report dated _____

_____ Letter of Comments, if any Level of Review: _____ System _____ Engagement _____ Report

_____ Letter of Comments, if any Results of Review: _____ Unmodified _____ Modified _____ Adverse

_____ Conditional Acceptance Letter If follow up is required, date requirements must be completed: _____

_____ Final Acceptance Letter (Send Final Acceptance Letter to ISBA within 30 days of receipt.)

If your firm has not yet undergone a Peer Review, please explain: _____

LIST ALL IDAHO LICENSEES IN YOUR FIRM:

Attach additional sheets as necessary. If renewing your Firm, list licensees that joined in the past year, indicating their start date.

Licensee Name of Primary Partner/ Owner	License #	Start date, if new to Firm
---	-----------	----------------------------

Licensee Name	License #	Start date, if new to Firm
---------------	-----------	----------------------------

Licensee Name	License #	Start date, if new to Firm
---------------	-----------	----------------------------

Licensee Name	License #	Start date, if new to Firm
---------------	-----------	----------------------------

Licensee Name	License #	Start date, if new to Firm
---------------	-----------	----------------------------

FIRM REGISTRATION FEE:

The fee for annual firm registration is \$20 per firm plus \$5 for each licensee in the firm, up to a maximum of \$200 per firm.

NOTE: Only Firms subject to Peer Review pay register and pay the Firm Registration Fee.

For renewals: failure to file the form by September 30th will result in a \$100 per licensee penalty.

LIST ALL NON-LICENSEE OWNERS OF YOUR CPA/LPA FIRM, IF ANY: No fee

Name: _____

Name: _____

PLEASE SIGN BELOW AND SUBMIT WITH REGISTRATION FEE TO THE BOARD OFFICE

I declare that this information is true and correct, to the best of my ability. I understand that furnishing false information or failing to disclose material information regarding Firm Registration and Peer Review program are grounds for disciplinary action against the licensees of this firm.

Signature: _____ Date: _____
Licensee or Firm Representative