



**State of Maine
Department of Professional & Financial Regulation
Office of Professional & Occupational Regulation**

COMPANY APPLICATION

APPLICANT INFORMATION (please print)

FIRM NAME *FIRST* *MIDDLE INITIAL* *LAST*

MAILING STREET ADDRESS

CITY STATE ZIP

PHONE # () FAX # () E-MAIL

LICENSE #: EXPIRATION DATE:

PLEASE ANSWER CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Has the entity for which this application is submitted ever been convicted by any court of any crime? (circle one) NO YES

If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.

2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES

If yes, enclose a detailed explanation and copies of all documents.

PLEASE ANSWER THE FIRM LICENSING REQUIREMENT

1. Is your firm in compliance with the firm licensing requirements? (circle one) NO YES

All firms, including sole proprietorships, must hold a firm license (in addition to the individual licenses of practitioners working in the firm), if they provide attest services or use the title "CPA" or "CPA firm". See 32 M.R.S. §12252(1).

ACKNOWLEDGMENT AND SIGNATURE REQUIRED

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE _____ **DATE** _____

**BOARD OF ACCOUNTANCY
ACCOUNTING FIRM OR BRANCH LICENSE APPLICATION
Required Fee: \$55.00**

- Accountancy Firm - In State (FM)**
- Accountancy Firm - Out of State (FMF)**
- Accountancy Branch (FB)**

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____
1421- \$55.00

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my () VISA () MASTERCARD the following amount: \$ _____

Card number: *XXXX-XXXX-XXXX-XXXX* Expiration Date *mm / yyyy*

Check Here () I understand that fees are non-refundable

SIGNATURE _____ **DATE:** _____

In the past three years, has any jurisdiction taken any disciplinary action against any professional license you hold or have held or denied your application for licensure? Yes No

If yes, enclose a detailed explanation.

Does your firm provide a defined service other than compilations? Yes No

If yes, a peer review must be completed within 18 months after the initial granting of the permit and every three years thereafter for as long as the firm provides a defined service other than compilations.

Name of Person in Charge of this Firm/Branch: _____

Permit Number of Person in Charge of this Firm/Branch: _____

The Person in Charge of this Firm/Branch is licensed in the following state(s): _____

Person in Charge of Firm/Branch is in Good Standing in States Licensed? YES NO

LIST ALL PARTNERS/SHAREHOLDERS OF FIRM/BRANCH

NAME OF ALL PARTNERS/SHAREHOLDERS	LICENSE JURISDICTION	PERCENTAGE OF OWNERSHIP	INDICATE IF ACTIVE PARTICIPANT OF FIRM
ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED			

LIST NAME OF EACH LICENSEE WHO REGULARLY WORKS IN THIS STATE TO INCLUDE PARTNER, OFFICER, SHAREHOLDER OR EMPLOYEE

NAME	LICENSE JURISDICTION	LICENSE NUMBER

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license application will show up as PENDING at first; as soon as the license status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.
- **How can I renew my license online?** You can renew your license online by visiting our website at www.maine.gov/professionallicensing.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional & Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
 - Answer the criminal background disclosure questions
 - Sign and date your application
 - Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
 - Include any required transcripts or exam results
 - Make a copy of your application to keep for your records
- DO NOT SEND CASH.