

MONTANA BOARD OF PUBLIC ACCOUNTANTS

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INITIAL FIRM REGISTRATION FORM

Montana recognizes firm mobility. As of July 1, 2017, only firms that establish or maintain an office in the State of Montana for the practice of public accounting are require to register.

37-50-101, MCA, defines a firm as: a sole practice, sole proprietorship, partnership, professional corporation, or limited liability company engaged in the practice of public accounting.

Per 37-50-335, MCA, All firm established or maintained **in this state** for the practice of public accounting must annually register. You must list all satellite office locations.

Per 35-4-209, MCA, each CPA firm formed as a professional corporation (domestic or foreign) must annually file a statement of qualification setting forth the names and addresses of the directors and officers of the corporation by March 1 of each year.

NO FEE IS REQUIRED FOR FIRM / OFFICE REGISTRATION

1. Firm Name: _____

2. Firm EIN _____

3. Mailing Address _____

4. Physical Address (if different) _____

5. Office Phone # _____

The Board's primary method of communication with licensees is email. Include the firm's preferred email address:

6. Office E-Mail Address _____

7. List All Satellite Offices:

8. Have any legal or disciplinary actions been instituted against the firm? 37-1-105, MCA, requires that you report this information. If so, please attach copies of the document that initiated each action and all final orders. Failure to accurately furnish this information is grounds for denial or revocation of your license.

Yes No

* If yes, please attach copies of documents initiating each action and all final orders in accordance with 37-1-105, MCA.

9. Does the firm meet the ownership requirements outlined in 37-50-330(1)(b), MCA?
(A simple majority of ownership in the firm is held by licensed CPAs)

Yes No

10. Does the firm meet the requirement of 37-50-330 (1)(c), MCA?
(All people with an ownership interest in the firm are actively participating in the business of the firm)

Yes No

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

Signature of CPA Responsible for Firm Registration

Date

Print Name/Title

License #