

North Carolina State Board of Certified Public Accountant Examiners

1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605
Phone 919-733-1423 • Fax 919-733-4209 • Web www.nccpaboard.gov

**NOTIFICATION OF NEW OWNER IN A PARTNERSHIP, PROFESSIONAL CORPORATION, OR
PROFESSIONAL LIMITED LIABILITY COMPANY**

NOTE: Pursuant to 21 NCAC 08N .0306(c), the firm's name on letterhead, reports, business cards, brochures, office signs, telephone directories, or any other advertisements or forms or solicitation must match exactly the firm's name as registered with the Board and the Secretary of State.

NOTE: There is no fee to notify the Board of a new owner in a partnership, professional corporation, or professional limited liability company.

NOTE: Please keep a copy of all documents for your reference.

To notify the Board of a new owner in a partnership, professional corporation, or professional limited liability company, send the Board the following items:

- Completed *Contact Information* sheet;
- Completed *Required Information* sheet; and
- One copy of the proposed firm letterhead

The Board staff will review the above-referenced information to ensure that the CPA firm is in compliance with the Board's rules and that no inquiry or disciplinary action is pending against any of the owners.

CONTACT INFORMATION

Please provide the firm's contact information below and submit the completed form to the Board with other required information.

Contact Person's Name _____

Firm Name _____

Mailing Address _____

City, State & ZIP _____

Telephone Number (_____) _____

Fax Number (_____) _____

E-Mail Address _____

REQUIRED INFORMATION

1) List all resident North Carolina owners below or on additional sheets.

Name _____ NC Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

Name _____ NC Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

Name _____ NC Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

2) List all non-resident owners below or on additional sheets.

Name _____ Orig. Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

Name _____ Orig. Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

Name _____ Orig. Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

NOTE: All non-resident CPAs who provide services to a North Carolina client must provide the Board with a *Notification of Intent to Practice*. Have all such CPAs provided the necessary *Notification of Intent to Practice*? () Yes () No () Not Applicable