Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

Board of Public Accountancy

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Website: ProfessionalLicense.Alaska.Gov/BoardOfPublicAccountancy

FOR DIVISION USE ONLY

CPA Firm Permit Renewal

January 1, 2024 - December 31, 2025

- Your permit lapses after December 31, 2023. There is no grace period it is illegal to work if your permit has lapsed.
- Faxed or emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your permit certificate will be available for printing via the MY LICENSE self-service portal.

| PART I Pay | yment of Fees | | | | |
|----------------------------------|---|----------------------------------|-----------------------|-----------------|----------------------------|
| | Biennial Permit Renewal | | | \$400.00 | |
| Renewal Fees: | | n or before December 31, 20 | 022) | | |
| | Prorated Permit Renewal | | | | \$200.00 |
| | (For permits first issued o | n or after January 1, 2023) | | | , |
| PART II Fire | m Information | | | | |
| C. Last Ones | Firm has an office in Alas | ska. | | | |
| Select One: | Firm does not have an of | ffice in Alaska but provides, | or offers to provi | ide, attest fo | unctions in Alaska. |
| Firm Name: | | | AK Firm Permit | Number: | |
| Mailing Address: Address change: | P.O. Box or Street | City | | State | Zip |
| Contact Person: | | | Contact Phone: | | |
| and Professional Licensin | choosing to receive correspondence on an g, I agree to maintain an accurate email a i in good standing may result in an inability | ddress through the MY LICENSE we | eb page. I understand | that failure to | check my email account or |
| Email Address: | | | Select One: | _ | rrespondence Electronicall |
| | Note: If both boxes are selecte | ed above, you will receive corre | espondence electro | onically. | |
| PART III Ch | nange of Permit Type (Fo | or Existing Out-of-State | Permits Only) | | |
| no longer exist | vithin the next couple of months, ts due to the repeal of AS 08.04.4 ermit certificate will be generated | 21) to "CPA Firm Permit" ur | nder AS 08.04.240 | O; and upon | that manual change, |

Entity Information PART IV Check the applicable box for the ownership type of your firm permit. If the firm is owned by a corporation, LLP, or LLC, failure to maintain a status of Good Standing with the Corporations Section will directly impact renewal and the status of your Professional License and Business License. For more information, go to Corporations. Alaska. Gov and click on "License Search." Alaska Business **Sole Proprietorship** License Number: **Owner Name: Alaska Business Partnership License Number: Owner Name: Owner Name: Alaska Business** Corporation, LLC, LP, or Other Corporate Structure **License Number: Alaska Entity DBA Name:** Number: **Quality Review Reporting PART V** To qualify for renewal, a permit holder must meet the quality review requirements of 12 AAC 04.600 unless exempt under 12 AAC 04.620. Read carefully and check the appropriate box. This firm permit will not be renewed until all partners, shareholders, or members have renewed their individual licenses. I have attached a copy of the most recent acceptance report verifying the firm has undergone a quality review in accordance with 12 AAC 04.600 within the past three years. I certify, on behalf of the firm, we have remained in good standing with the organization that administered the quality review. This firm has completed a quality review during the concluding licensing period January 1, 2022 through December 31, 2023 and, on behalf of the firm, I agree to submit the acceptance report required by 12 AAC 04.600 within the next 180 days. I understand the acceptance report to be submitted may not be used to satisfy quality review reporting requirements for subsequent renewal. This firm's first report on audited or reviewed financial statements was issued on or after January 1, 2023 and, on behalf of the firm, it is understood a quality review must be completed within 18 months after the date of the first completed report on audited or reviewed financial statements as required by 12 AAC 04.620. **Date of First Report:** This firm is not subject to the quality review requirements in 12 AAC 04.600 because it did not issue any reports on audited or reviewed financial statements during the concluding licensing period of January 1, 2022 through December 31, 2023. If, because of a change in ownership or entity structure (i.e., partnership to LLC or corporation, etc.), the firm has had a quality review as a different permit holder, attach explanation and a copy of the related acceptance report from the organization that administered the quality review.

| PART VI Late Renewal Applicants | | | | |
|--|----------------------|--|--|--|
| Late Renewal Applicants: Applications postmarked after December 31, 2023. Review the definition of "practice of public abelow: | accounting" | | | |
| "Practice of public accounting" means the offering to perform or the performance as a person holding a license, practice privilege, or permit under this chapter of a service involving the use of accounting or auditing skills; in this paragraph, "accounting or auditing skills" includes preparing financial statements, issuing reports on financial statements, furnishing management services, furnishing financial advisory services, providing consulting services, preparing tax returns, advising on tax matters, or consulting on tax matters. | | | | |
| Holding out as a CPA firm includes continuing to use the CPA designation/firm name on forms, business cards, websites, | etc. | | | |
| Has the firm practiced public accounting or held itself out as a CPA firm while your permit has been lapsed? Yes – You must submit a written explanation. No | | | | |
| PART VII Alaska Law | | | | |
| I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profess (AS 08.04 and 12 AAC 04). | sion | | | |
| PART VIII Professional Fitness Questions | | | | |
| The following questions must be answered. "Yes" answers may not automatically result in license denial. For each "yes" response to any question, you must provide an explanation and documentation. Use the letter of explanat (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties invol specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented Documentation includes copies of court orders, charging documents, board, or license actions, etc. The contents of licensing files are generally considered public records, unless required to be kept confidential by state o law. | ved, and d below. | | | |
| When in doubt, disclose and explain. | | | | |
| 1. Since the date your last Alaska permit was issued or renewed: Have you, any partner, member, or shareholder who will provide services to Alaskan entities or individuals been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes but is not limited to a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. | Yes No | | | |
| conditioned or limited or have you surrendered a professional license, been fined, placed on | Yes No | | | |
| "Ves" Answers If you answered "yes" to any of the above questions, you must submit signed an | d dated | | | |

"Yes" Answers

documentation explaining the specific circumstance(s) of the incident(s).

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550 West 7th Avenue, Suite 1500, Anchorage, AK 99501 Website: *ProfessionalLicense.Alaska.Gov/BoardOfPublicAccountancy*

Signature Page

| Applicant Name: | | | |
|---|--|-------------------|-------------------------|
| | | | |
| PART IX Agre | ement | | |
| • | the person herein named and subscribing to this application. It was the full content thereof. I declare all of the information contained re true and correct. | • | • |
| falsification or misrep | ification or misrepresentation of any item or response in this apresentation of documents to support this application, is sufficient gragistration, certificate, or permit to practice in the state of Alaska. | rounds for denyi | • |
| I further understand unsworn falsification | t is a Class A misdemeanor under Alaska Statute 11.56.210 to falsif | fy an application | and commit the crime of |
| Applicant Signature: | | Date Signed: | |

General Information

OUT-OF-STATE PERMITS:

Alaska statutes 08.04.240(g) and (k) still require firms that do not have offices in Alaska but provide, or offer to provide, attest functions in Alaska to obtain CPA firm permits and renew them every two years. What this means is if an out-of-state firm holds an Out-of-State Permit in Alaska, the firm will be able to renew the out-of-state permit. Once renewed, our staff will go into the system to change the license type from an "out-of-State permit" (since those have been repealed) to "CPA firm permit" and will then issue an updated permit certificate which can be accessed and printed through the MY LICENSE system. The firm's permit number will remain the same, only the permit type will change.

LISTSERV:

Subscribe at http://list.state.ak.us/mailman/listinfo/Commerce.CPA to receive news and updates from the Alaska Board of Public Accountancy.

APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the permit may be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

PERMIT TERM:

Permits are issued for a two-year period and expire on December 13 of odd-numbered years, regardless of the date of issuance, except permits issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before permit expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a permit holder from the responsibility of renewing a permit on time.

PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the permit holder's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the permit must be your current legal name.

PUBLIC INFORMATION:

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: ProfessionalLicense.Alaska.Gov. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: RegulationsAndPublicComment@Alaska.Gov.

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THE STATE of ALASKA

Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

Professional Licensing

PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550 Email: License@Alaska.Gov Website: ProfessionalLicense.Alaska.Gov

Letter of Explanation for a Professional Fitness "Yes" Answer

Use this form only to explain and document any professional fitness "yes" answers. A "yes" answer is not necessarily disqualifying but concealing one may be.

Each "yes" answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check "yes" to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple "yes" answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

| Write the professional fitness question number you are answering "yes" to in the box. | | | | | |
|---|---|-------------------------------|---------------|-----------------|----|
| Location of Inc | ident: | | | Date of Inciden | t: |
| Explanation of When in double and explain. Make copies as | ot, disclose | | | | |
| Did you attach | all applicable | e documents associated with t | his incident? | | |
| Court Ord | ders Consent Agreements Disciplinary Actions Charging Documents | | | | |
| Court Rec | Records | | | | |
| I have additional incidents for this "yes" answer, or "yes" answers to other Professional Fitness questions and have attached a separate copy of this form for each incident. | | | | | |
| Full Name: | | | | Program: | |
| Signature: | | | | Date Signed: | |

FOR DIVISION USE ONLY

State of Alaska PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Credit Card Payment Form

| All major credit cards are accepted. For security purposes, | do not email credit card information. | Include this credit card payment |
|---|---------------------------------------|----------------------------------|
| form with your application. | | |

| | ppiicationi | | | | | |
|--------------------------------------|------------------------|-------------------------------------|---|----------------|---------|-------------|
| Name of Applic | cant or Licensee: | | | | | |
| Profession Type (e.g., Acupuncture): | | | License Numl | ber (if applic | cable): | |
| I wish to make | payment by credit car | d for the following (check all that | for the following (check all that apply): | | | AMOUNT |
| Арр | lication Fee: | | | | | |
| License or Renewal Fee: | | | | | | |
| Oth | er (fine, exam, etc.): | | | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| | | | | TOTAL: | | |
| Name (as show | vn on credit card): | | | | | |
| Mailing Addres | ss: | | | | | |
| Phone Number: | | En | nail (Optional): | | | |
| Signature of Cr | edit Card Holder: | | | | | |
| | | | | | | |
| 08-4438 (Rev. 11 | ./21/2024) | Credit Card Payment Form (a | all major cards a | accepted) | | Page 1 of 1 |
| | | | | | | |

| CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed. | | | | |
|---|--|--|--|--|
| 1. Credit Card Number: | | All 3 fields MUST be completed. | | |
| 2. Expiration Date: | | This section will be destroyed after the | | |
| 3. Security Code: | | payment is processed. | | |