



THE STATE  
of **ALASKA**

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

**CPA**

FOR DIVISION USE ONLY

**Board of Public Accountancy**

550 West 7<sup>th</sup> Avenue, Suite 1500

Anchorage, AK 99501

Phone: (907) 269-4712 • Fax: (907) 269-8156

Email: [license@alaska.gov](mailto:license@alaska.gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfPublicAccountancy](http://ProfessionalLicense.Alaska.Gov/BoardOfPublicAccountancy)

**CPA Limited Liability Company Registration and Permit to Practice**

**PART I Payment of Fees**

<b>Fees</b>	<input type="checkbox"/> Nonrefundable Application Fee ( \$300 )	<input type="checkbox"/> Initial License Fee ( \$530 )
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**PART II Firm Information**

<b>Firm Name</b>	
<b>Mailing Address</b>	Address or P.O. Box
	City State ZIP Code
<b>Contact Person</b>	
<b>Work Phone</b>	
<b>Email Address</b>	

Please Send my Correspondence by Email

Please Send my Correspondence by U.S. Mail

Does Your Firm Perform:	No	Yes	Approximate Number of Annual Engagements
Governmental Audits	<input type="checkbox"/>	<input type="checkbox"/>	
Other Audits	<input type="checkbox"/>	<input type="checkbox"/>	
Reviews	<input type="checkbox"/>	<input type="checkbox"/>	
Compilations	<input type="checkbox"/>	<input type="checkbox"/>	

**We certify that, in accordance with AS 08.04.240(a):**

- The sole purpose and the sole business of the company are to furnish to the public services that are consistent with Alaska Statute 08.04, except that the company may invest its money in a manner that is compatible with the practice of public accounting;
- More than one-half of the ownership of the limited liability company belongs to certified public accountants of this or another state in good standing;
- An individual who is a certified public accountant or has a practice privilege, who is responsible for supervising attest functions or compilation services in the company, and who signs or authorizes another person to sign an accountant's report on financial statements on behalf of the company meets the competency requirements established by the Board under AS 08.04.423;
- An individual who signs or authorizes another person to sign an accountant's report on financial statements on behalf of the company meets the competency requirements established by the Board under AS 08.04.423; and
- Each member personally engaged in this state in the practice of public accounting and whose principal place of business is located in this state is a certified public accountant of this state in good standing.

We understand that if there is an admission or withdrawal of a partner, member or shareholder, the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, must be notified within one month of that change.

**Names and license numbers of members holding Alaskan licenses:**

Name	Title	License Number	Ownership %

**Names and license numbers of all other members who will provide services to Alaskan entities and individuals:**

Name	Title	License Number	State	Ownership %

The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.).

Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

**WHEN IN DOUBT, DISCLOSE AND EXPLAIN**

1. Have you, any partner, member, or shareholder who will provide services to Alaskan entities and individuals been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, 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

2. Have you, any partner, member, or shareholder who will provide services to Alaskan entities and individuals ever had a professional license/certificate/permit denied, revoked, suspended, or otherwise restricted, conditioned, or limited, or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities, or is any such action pending? Yes  No

3. Have you or any partner, member, or shareholder who will provide services to Alaskan entities and individuals ever had your certificate, license or permit to practice public accountancy denied renewal in any state for any cause other than failure to pay a required fee in that state? Yes  No

**SUBMIT A DETAILED STATEMENT OF EXPLANATION AND APPLICABLE LEGAL DOCUMENTATION FOR ANY "YES" ANSWERS**

**PART IV Notarized Signature**

On behalf of the LLC, I certify that, to the best of my knowledge, the statements contained in this application are true and correct. I understand that any false or misleading information herein may result in failure to obtain registration and licensure in the State of Alaska.

<div style="border: 1px dashed black; padding: 10px; width: 100%;">Notary Stamp</div>	Printed Name	Application Date	
	Signature of General Partner, Member or Shareholder		
	Notary Public for State of:	Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:	My Commission Expires:	



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## Verification of a Nonresident CPA Limited Liability Company

→ **Applicant:** Complete this top part of the form then have the state where you established original licensure as a partnership complete the bottom part.

<b>Name of LLC</b>	
<b>Mailing Address</b>	
<b>Phone Number</b>	

<b>Signature</b>		<b>Date Signed</b>	
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→ **State Agency:** The above-named corporation is applying for a permit to practice with the Alaska Board of Public Accountancy. Please verify the information requested and return the form directly to the Division. In lieu of this form, the State of Alaska will accept a standard computer verification that provides approximately the same information.

<b>Licensee's Name as Shown on your Records</b>			
<b>License Number</b>			
<b>Original Issue Date</b>		<b>Current Expiration Date</b>	
<b>Status</b>	<input type="checkbox"/> Current	<input type="checkbox"/> Inactive	<input type="checkbox"/> Lapsed <input type="checkbox"/> Other:
<b>Have shareholders met your state's continuing education requirements?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>List any Derogatory Information</b>			

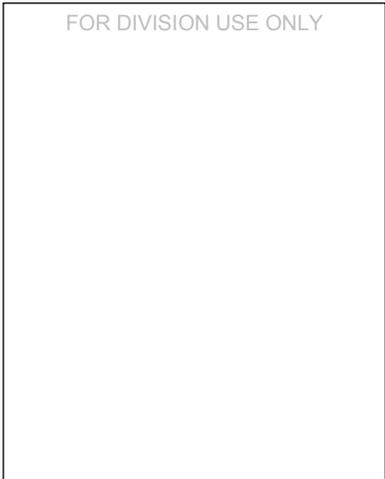
Board Seal	<b>Signature:</b>	<b>Date</b>
	<b>Printed Name</b>	
	<b>Jurisdiction:</b>	<b>Title:</b>

→ Please return this form to: **Board of Public Accountancy**  
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CREDIT CARD PAYMENT

For security purposes please do not email credit card information. Fax or mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible the form will be rejected.

Name of Applicant or Licensee: \_\_\_\_\_

Type of License: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

- Application Fee
License (or renewal) Fee
Fine
Other (specify):

Amount

Total:

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Credit Card Type: VISA or Mastercard

Signature of Credit Card Holder: \_\_\_\_\_

VISA or Mastercard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

This section below the dotted line will be destroyed upon processing of the payment.