



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of Accountancy**

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P.O. Box 11329 • Columbia • SC 29211-1329

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llr.sc.gov/acct

**INITIAL OUT-OF-STATE FIRM REGISTRATION**

**Accounting firms that do not have an office in this State but perform attest services described in Section 40-2-20(2) for a client in this State, must register an office that will serve as their headquarters, and list all locations that perform attest services described in Section 40-2-20(2) for a client in this State, as well as a resident manager, along with their contact information, unless it is exempt from registration pursuant to Section 40-2-30(I).**

**Submit the following with your application to the above address:**

- Check or money order only, in the amount of \$60 made payable to SC Board of Accountancy (All fees are non-refundable. NO CASH IS ACCEPTED. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)

**APPLICANT INFORMATION**

Firm Name: \_\_\_\_\_ Number of Offices in SC: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: (Required) \_\_\_\_\_

FEIN No.: \_\_\_\_\_ Date firm opened: \_\_\_\_\_

Resident Manager Name: \_\_\_\_\_ Certificate/License No.: \_\_\_\_\_

1. Type of Firm: (Check one only)

- CPA  PA  AP

2. Type of Organization: (Check one only)

- Sole Proprietor  Partnership  LLP  LLC  Professional Corp. or Assoc.
- Other: (Please explain) \_\_\_\_\_

3. What type of work does your firm perform? (Select all that apply)

- Compilations  Payroll Processing  Reviews  Governmental Audits/Yellow Book
- Taxes  Audit  ERISA Audits  Financial Statements without Reports
- Prospective Financial Information  Agreed-Upon Procedures  Preparation of Financial Statements
- Other Services: (Please list) \_\_\_\_\_

4. If you provide Compilation or Attest services, are you enrolled in an approved Peer Review Program?  Yes  No

**Please submit a copy of your most recent Peer Review Report. \*If No, you will need to produce evidence of enrollment with the submission of this application.**

**If Yes, when was your firm's last peer review and the result?** \_\_\_\_\_

**LOCATIONS**

Please list all locations that perform attest services described in Section 40-2-20(2) for a client in this State, as well as a resident manager, along with their contact information. Provide an attachment, if necessary.

1. Location Address: \_\_\_\_\_  
Street City State Zip  
Resident Manager Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Location Address: \_\_\_\_\_  
Street City State Zip  
Resident Manager Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_

**FIRM HISTORY QUESTIONS**

If you answer "Yes" to any of the below questions, you will need to submit a detailed explanation along with any court or other relevant documentation.

- 1. Has the firm surrendered a professional license in any jurisdiction while under investigation for potential disciplinary action or with disciplinary action pending?  Yes  No
- 2. Has the firm been convicted, pled guilty, or pled nolo contendere (no contest) for the violation of any federal, state or local law?  Yes  No
- 3. Has the firm had a judgment entered against it or settled a claim of any kind (whether administrative, judicial, or in arbitration) regarding fraud, dishonesty, misrepresentation or professional malpractice?  Yes  No
- 4. Has any other state or federal agency revoked, suspended, reprimanded, otherwise disciplined, or refused to renew your firm’s right to practice for a reason other than failure to pay an annual registration fee?  Yes  No
- 5. Is your firm delinquent in filing any of the firm’s required tax returns to include, but not limited to, income taxes, payroll taxes, or unemployment taxes?  Yes  No

**ATTESTATION**

I HEREBY CERTIFY, under penalties of perjury to the truth and accuracy of all statements, answers and representations contain herein. This office is under my direct supervision, and I hold a certificate as a Certified Public Accountant, Public Accountant or an Accounting Practitioner. I also certify that the firm is organized in accordance with South Carolina state law applicable to the type of organization indicated in item 2 of this application. I further certify that the firm is organized in accordance with the appropriate statute.

By my signature below (including electronic signature), I hereby authorize the administrator of my firm’s peer review to release this Licensing Board any information, files, or records requested by the Board for its evaluation of my firm's qualifications for accountancy practice in South Carolina. I hereby release, discharge and exonerate the S.C. Board of Accountancy, its agent Resident Manager Signature or representative, and any person or organization furnishing information concerning my firm's peer review from any and all liability of every nature and kind arising out of the furnishing of such information, or arising from investigation made by the S.C. Board of Accountancy.

\_\_\_\_\_  
Resident Manager Signature

\_\_\_\_\_  
Date

**PRIVACY NOTICE**

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.