

2015 Registered Accounting Practitioner Renewal Application
Be sure to complete all questions.

All Registered Accounting Practitioner (RAP) registrations expire on December 31, 2014. **Applications must be postmarked on or before December 31, 2014 to be considered "on time."** A \$50 delinquency fee is required for all renewals postmarked after the December 31, 2014 deadline. *The licensee is responsible for fees incurred due to incomplete applications.*

1. Personal Information

(You must include both your home and work information even if you are self-employed.)

Name: _____
(First) (Last) (Suffix)

Employer Name: _____

Registration #: _____

Work Address: _____

Home Phone #: _____

Work City, State _____

Home Address: _____

Work Zip: _____

City, State: _____

Work Phone #: _____

Zip: _____

Daytime Fax #: _____

E-mail: _____

Preferred Mailing Address: Home Work

2. Select Status (Place checkmark in the first column)

Active - \$100.00

Surrender Credential – No fee

3. Are you employed by a RAP firm? Yes No

If **yes**, indicate business type below. If **no**, go to question 4.

Limited Liability Company

Professional Corporation

Partnership

Sole Proprietor

(list name under which you practice below)

Limited Liability Partnership

Note:

- All RAP firms are required to apply for (or renew) a firm permit for 2015.
- Sole Proprietors must complete a RAP firm permit application (or renewal) and Quality Review Statement and return those forms with this renewal application.
- All firms engaged in providing compilation services in Minnesota must obtain a 2015 RAP firm permit.

4. If you are not employed by a RAP firm, indicate business type below:

- College or University
 Financial Services Company
 Law Firm
 Other private business
 Governmental (list agency): _____

5. Have you been convicted of a felony in the past year? Yes No

If you answered "yes", include felony type, date, count, sentence, and any other relevant information on a separate sheet of paper.

6. Since your last renewal, have you had a license disciplined, denied, surrendered, suspended or revoked? Yes No *(If yes, provide a statement of explanation)*

7. Continuing Professional Education (Complete table below.)

Fiscal Year ending June 30	Course hours from approved sponsors - not including self-study	Self-study course hours from a NASBA Quality Assurance Service sponsor	Course hours from non-approved sponsors - not including self-study	Total
2012				
2013				
2014				
# of Ethics hours contained in list				See bottom left
Deduct carryback hours included in the totals above which were used to satisfy hour requirements for the years ended June 30, 2011 and prior.				
Add carryback hours earned after June 30, 2014 needed to satisfy requirements for the three years ended June 30, 2014. You must include the late CPE fees with your renewal. (Contact the Board office for total due.)				
Total Ethics Hours: _____		Total for Three Years (Must equal at least 90 hours)		

8. Read, sign and date the following affidavit:

I certify that the information on this form is accurate and understand that any misrepresentation could result in revocation of my registration.		
Printed Name		Signature
Registration Number	Date	Daytime Phone Number

***Include the renewal fee and RAP Firm paperwork and fee (if required) with your renewal. Incomplete applications will be returned!**

Data Practices Act Warning

The data you furnish on this form will be used by the Board to process your application for licensure. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to issue your license. Until licensure is granted all application data, except name and designated address, are private data pursuant to Minnesota Statutes section 13.41, subdivision 2 (2014). All data, except social security number, telephone number and email address become public record when licensure is granted pursuant to Minnesota Statutes section 13.41, subdivision 5 (2014).