

MINNESOTA BOARD OF ACCOUNTANCY

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2017 RAP FIRM PERMIT RENEWAL INSTRUCTIONS

Send this renewal and your check (made payable to MN Board of Accountancy) to the address above **postmarked on or before December 31, 2016.**

A \$50 delinquency fee is required for renewals postmarked after that deadline.

Please Note: Firm permits cannot be renewed until the individual RAPs who are required by Minnesota Rule 1105.7100.D to renew have already done so.

Complete and return these **REQUIRED** items:

1. Firm Permit Renewal Application (pages **1** and **2**)
2. Firm Peer Review Statement (page **3**)
3. Workers' Compensation Liability Certificate of Compliance (page **4**)
4. Payment of the **\$100.00 firm** permit renewal fee
Do NOT include individual renewal forms or payments with your firm permit renewal.

Complete and return the following items **if applicable**:

1. Non-RAP Owner of Firm Statement Form (page **5**)
Complete a form and include \$45.00 fee for each Non-RAP Owner.
2. List of firm locations (see **question 3 on page 1**)

Dissolutions/Mergers: If your RAP firm has dissolved or merged with a firm in the past year, please notify the Board in writing.

Firm Name Changes: **Firms cannot renew under a new name until the Board has approved the firm name change.** FIRST submit the [RAP Firm Name Change Request Form](#) found on the Board website. Once you receive approval from the Board, then you may submit a renewal under the new name.

If you have questions regarding your application, please call the Board office at 651-296-7938.

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 (2016). All data, except social security number and email address become public record when licensure is granted pursuant to Minnesota Statutes section 13.41, subdivision 5 (2016).

2017 RAP FIRM PERMIT RENEWAL APPLICATION

Enclose check payable to MN Board of Accountancy for **\$100**
 (\$150 if renewal is postmarked after December 31, 2016)

1. Firm Information

Firm Name _____ Firm Permit # _____

Contact Name _____ Firm Address _____
 (First) (Last)

Phone _____ City _____

Fax _____ State _____ Zip _____

2. Does your firm have an office in a state other than Minnesota?

No Yes

3. Does your firm have more than one office in Minnesota?

No Yes

If yes, attach a sheet listing the addresses for all offices and the person in charge at each.

4. Type of firm:

Corporation Limited Liability Company

Limited Liability Partnership Foreign Firm Practicing in Minnesota

Partnership Sole Proprietorship

5. List all RAPs and/or CPAs who work for your firm as employees. Attach list, if necessary.

Name	RAP Registration / CPA Certificate #	State of Residence	Practicing in Minnesota?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. A) Provide the names of all owners, partners, members, shareholders, directors and officers of the firm who reside in or practice in Minnesota. Attach list, if necessary.

Be sure to complete a [Non-RAP Owner of Firm Statement](#) (page 5) and enclose the \$45.00 fee for each individual listed who is **not** a Registered Accounting Practitioner.

Name	RAP Registration # (if applicable)	State of Residence	Practicing in Minnesota?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

B) The non-RAP owners in the list above hold, in total, what percentage of:

Voting interest in the firm? _____ %

Financial interest in the firm? _____ %

7. Designation Affidavit for Firm Permit Renewal

Read all statements and sign the affidavit below.

- All owners, partners, shareholders, members, managers, directors and officers of the firm and individual employees who hold registrations and who are responsible for supervising compilation services or who sign or authorize someone to sign an accountant's report on financial statements on behalf of the firm have met the competency requirements set forth in professional standards for such services.
- All compilation services rendered by the firm in this state are under the charge of a person holding a valid registration with an active status. (CPAs cannot provide compilation services on behalf of a RAP firm.)

Affidavit: I swear or affirm that I have read the foregoing renewal application and that the statements are true and complete.	
Printed Name of Managing Partner/Shareholder/Officer	Signature of Managing Partner/Shareholder/Officer
Minnesota RAP Registration Number	Date

2017 FIRM PEER REVIEW STATEMENT

1. Did or will your firm do any compilation services...

in 2016? Yes No

in 2017? Yes No

If you answered "**Yes**" to **either** of the above, **complete questions 2-5.**

If you answered "**No**" to **all** of the above, **sign** the following affidavit, then **skip** to the **next page.**

I swear or affirm that during the past year my firm did not perform compilation services. The firm does not plan to do so in the coming year and if the firm does engage in such practice, I will immediately notify the Minnesota State Board of Accountancy (Board). I, therefore, request on behalf of the firm exemption from the peer review requirements of the Board. I further certify that this information is correct and understand that my deliberate misrepresentation may result in the suspension and/or revocation of my registration and the firm's permit.

Printed Name

Signature

Name of Firm

Date

2. Are you currently participating in a peer review program?

Yes No

3. Indicate the Report Acceptance Body (RAB) you are/will be working with:

AICPA MAPA MNCPA Other (specify): _____

4. What 12-month period will be reviewed during your next required peer review?

_____ / _____ to _____ / _____
(Beginning Month) (Beginning Year) (Ending Month) (Ending Year)

Note: You **must** submit peer review reports no later than 15 months after the end of the year under review or within 30 days of receipt of the Report Acceptance Body letter, whichever is earlier.

5. Affidavit:

I certify that the information provided above is complete and accurate.

Printed Name

Signature

Name of Firm

Date

**2017 WORKERS' COMPENSATION LIABILITY
CERTIFICATE OF COMPLIANCE**

1. Firm Information

Firm Name _____

Contact Name _____

Address _____

City _____

State _____ Zip _____

2. Check the applicable option (A or B) and provide the requested details.

A. I have workers' compensation liability coverage, and below is information regarding it:

Insurance Company: _____

Policy Number: _____ Dates of Coverage: _____

B. I am not required to have workers' compensation liability coverage because:

The firm has no employees

I am self-insured
Note: You must include a copy of your permit to self-insure with this form.

I have no employees who are covered by the workers' compensation law
(Employed spouses, parents, and children are exceptions to coverage requirements.)

3. Affidavit:

I certify that the information provided above is complete and accurate.

Signature

Date

Note: Minnesota Statute § 176.182 requires every state and local agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with workers' compensation insurance coverage. **If this information is not provided or is falsely stated, it may result in a penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.** This information will be collected by the licensing agency and retained in their files.

2017 NON-RAP OWNER OF FIRM STATEMENT

Each non-RAP owner must complete a copy of this form and submit the \$45.00 fee.

1. Personal Information

Name _____
(First) (M.I.) (Last) (Suffix)

Preferred "mail to":

Home

Business

Former Name _____
(if applicable)

Social Security # _____

Firm Name _____

Date of Birth _____
(MM) (DD) (YYYY)

Work Phone _____

Home Phone _____

Work Fax _____

Home Address _____

Work Address _____

City _____

Work City _____

State _____ Zip _____

Work State _____ Work Zip _____

2. What percentage of **voting** interest do you hold in the firm? _____ %

3. What percentage of **financial** interest do you hold in the firm? _____ %

4. List all the Minnesota professional licenses you hold and any disciplinary action taken against those licenses in the last five years:

License #	Profession	Disciplinary Action (if any)

5. Affidavit:

I certify that the above information is complete and accurate, that I actively participate in the firm on a full-time basis, and that I agree to comply with the rules adopted by the Minnesota Board of Accountancy.

Signature

Date