

A copy of the Delaware business license issued by the Division of Revenue must be attached to this application.

24 Delaware Code §111(h) requires that each office of the firm within this state be registered and under the charge of a person holding a valid permit to practice issued by the Board.

Please list each office of the firm in this State and identify the individual in charge.

<u>Address of Office(s) in Delaware</u>	<u>Person in Charge</u>	<u>DE Permit No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE NOTE THAT 24 DEL. C. § 111(g) REQUIRES WRITTEN NOTIFICATION WITHIN THIRTY (30) DAYS AFTER ITS OCCURRENCE OF ANY CHANGE IN THE IDENTITIES OF PRINCIPALS WHO WORK REGULARLY WITHIN THIS STATE, ANY CHANGE IN THE NUMBER OR LOCATION OF OFFICES WITHIN THIS STATE, ANY CHANGE IN THE IDENTITY OF THE PERSONS SUPERVISING SUCH OFFICES, AND ANY ISSUANCE, DENIAL, REVOCATION OR SUSPENSION OF A PERMIT ISSUED BY ANY OTHER STATE TO THE FIRM OR ANY PRINCIPAL OR EMPLOYEE REGULATED BY THE BOARD.

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your permit.

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he/she is expressly authorized to apply for a Firm Permit to Practice pursuant to 24 *Del. C.* § 111 on behalf of the business entity indicated below, and that upon issuance by the Board of a Firm Permit to Practice for _____, that firm expressly agrees and consents to be bound by professional standards no less stringent than those stated in 8 *Del. C.* § 608. The undersigned further deposes and says that he/she has read and reviewed the information provided in the attached Application For Firm Permit to Practice and that the information and statements contained therein are true and correct, and that he or she understands that the provision of false information or employing or knowingly cooperating in fraud or material deception in order to be licensed is grounds for DENIAL OF LICENSURE OR DISCIPLINARY ACTION.

Name of Firm

By: _____
Printed Name: _____
Title: _____
DE Permit No: _____

State of _____
County of _____

SUBSCRIBED and SWORN to before me this ____ day of _____, 2____.

SEAL

Signature of Notary Public
My Commission expires _____

Please send application to: Delaware Board of Accountancy
861 Silver Lake Boulevard, Suite 203
Dover, DE 19904

Enclose payment for processing fee. Payment may be made by personal check or money order made payable to State of Delaware. See Fee Schedule for correct fee. Fee is non-refundable.