

**SC DEPT OF LABOR, LICENSING AND REGULATION
BOARD OF ACCOUNTANCY**

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Form 2115 Rev 5/2012



**INITIAL IN-STATE FIRM REGISTRATION
NON-REFUNDABLE REGISTRATION FEE: \$50**

Accounting firms having a principal place of business in South Carolina must register an office that will serve as their headquarters and list all other locations, a resident manager and his or her contact information (See Reverse). Licensee's working from home must register his or her home as a firm.

SECTION A - FIRM REGISTRATION

1. Firm Name: _____ 2. Number of Offices in SC: _____

3. Mailing Address: _____
(To be made public on Licensee Look-up) Street/PO Box City State Zip

4. Physical Address: _____
Street City State Zip

5. Telephone Number: _____ 6. Fax Number: _____

7. E-mail Address: _____
Please provide your e-mail address and notify us of any changes.

8. Resident Manager Name: _____ 9. Certificate/License #: _____

10. FEIN #: _____ 11. Date firm opened: _____

12. Type Firm (Please Check One) - CPA PA AP

13. Type Organization (Please Check One) - Sole Proprietor LLC LLP Partnership
Professional Corp or Assoc OTHER: (Explain)

14. What type of work does your firm perform? (Please check all that apply):

Compilations	Reviews	Audits
Governmental Audits	Prospective Financial Information	
Taxes	Financial Statements w/o Reports <small>(Management Use Only)</small>	
Other Services	List other services: _____	

15. Has the firm ever had a complaint or charge against it referred to a bonding company? YES NO
If yes, explain fully in separate statement

16. Has the firm been investigated, charged or disciplined; or is currently under investigation by a governing or licensing board or by a State or Federal agency? YES NO
If yes, explain fully in separate statement

17. Has the firm been charged, indicted or convicted of violating any Federal, State, Municipal or other law, statute or ordinance? "Convicted" includes a verdict of a court of jury, plea of guilty, plea of nolo contendere or forfeiture of bond. YES NO
If yes, explain fully in separate statement

18. Has the firm been delinquent in filing its taxes? YES NO
If yes, explain fully in separate statement

19. Has the firm been disciplined or disbarred from any regulatory body within the United States or its territories? YES NO
If yes, explain fully in separate statement

SECTION B - OWNERSHIP

20. List the name and license number of each licensed owner in SC personally engaged in public practice, include percentage of ownership. Use additional paper if needed.

(1) Name:	License number:	% of Ownership:
(2) Name:	License number:	% of Ownership:
(3) Name:	License number:	% of Ownership:
(4) Name:	License number:	% of Ownership:
(5) Name:	License number:	% of Ownership:

21. List the name of all non-licensed owners, include their percentage of ownership, job title, and duties. Use additional paper if necessary.

(1) Name:	% of Ownership:
Job Title:	Duties:
(2) Name:	% of Ownership:
Job Title:	Duties:

SECTION C - LOCATIONS

22. Please provide the firms other locations, resident managers name and contact information. Use additional paper if necessary.

(1) Location Address: _____
Street City State Zip

Resident Manager Name: _____

Phone Number: _____ Email: _____

(2) Location Address: _____
Street City State Zip

Resident Manager Name: _____

Phone Number: _____ Email: _____

(3) Location Address: _____
Street City State Zip

Resident Manager Name: _____

Phone Number: _____ Email: _____

(4) Location Address: _____
Street City State Zip

Resident Manager Name: _____

Phone Number: _____ Email: _____

(5) Location Address:

Street City State Zip

Resident Manager Name:

Phone Number:

Email:

(6) Location Address:

Street City State Zip

Resident Manager Name:

Phone Number:

Email:

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 that 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 11 of this application.

I further certify that the firm is organized in accordance with the appropriate statute: Section 40-2-30 or Section 40-2-510.

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 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

When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. Please provide the following on you check: Drivers License #; Full Name; Street Address and Phone Numbers.

ONLY SUBMIT ORIGINAL APPLICATIONS. COPIES OR FAXES ARE NOT ACCEPTIBLE.

Personal information provided may be subject to public scrutiny or release under the S.C. Freedom of Information Act or other provisions of federal and state law.