



**State of Maine
Department of Professional & Financial Regulation
Office of Professional & Occupational Regulation**

COMPANY APPLICATION

| | | | |
|---|-------|-------------|--------|
| APPLICANT INFORMATION (please print) | | | |
| NAME OF COMPANY: | | | |
| CONTACT ADDRESS | | | |
| CITY | STATE | ZIP | COUNTY |
| SOCIAL SECURITY NUMBER OR FEDERAL I.D. | | | |
| PHONE # () | | E-MAIL | |
| CRIMINAL BACKGROUND DISCLOSURE | | | |
| <i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i> | | | |
| 1. Has the entity for which this application is submitted ever been convicted by any court of any crime? (circle one) NO YES If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment. | | | |
| 2. Has any jurisdiction taken disciplinary action against any professional license the entity holds or has held, or was denied an application for licensure? (circle one) NO YES If yes, enclose a detailed explanation and copies of all documents. | | | |
| By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false. | | | |
| SIGNATURE | | DATE | |

| | |
|--|-------|
| BOARD OF ACCOUNTANCY | |
| ACCOUNTING FIRM OR BRANCH LICENSE APPLICATION | |
| Required Fee: \$75.00 | |
| LICENSE TYPE: | |
| <input type="checkbox"/> Accountancy Firm-In State (FM) | |
| <input type="checkbox"/> Accountancy Firm-Out of State (FMF) | |
| <input type="checkbox"/> Accountancy Branch (FB) | |
| <i>Office Use Only:</i> | |
| Check # | _____ |
| Amount: | _____ |
| Cash # | _____ |
| Lic. # | _____ |
| 1421-\$75.00 | |

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|--|--|
| PAYMENT OPTIONS: | |
| Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following: | |
| NAME OF CARDHOLDER (please print) | |
| <i>FIRST</i> | <i>MIDDLE INITIAL</i> |
| <i>LAST</i> | |
| I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my () VISA () MASTERCARD the following amount: \$_____ | |
| Card number: | XXXX-XXXX-XXXX-XXXX |
| Expiration Date | mm / yyyy |
| check here () I understand that fees are non-refundable | |
| SIGNATURE | DATE BOAFirmLice pg 1 of 3 Rev. 04/2015 |

In the past three years, has any jurisdiction taken any disciplinary action against any professional license you hold or have held or denied your application for licensure? Yes No

If yes, enclose a detailed explanation.

Does your firm provide a defined service other than compilations? Yes No

If yes, a peer review must be completed within 18 months after the initial granting of the permit and every three years thereafter for as long as the firm provides a defined service other than compilations.

Name of Person in Charge of this Firm/Branch: _____

Permit Number of Person in Charge of this Firm/Branch: _____

The Person in Charge of this Firm/Branch is licensed in the following state(s): _____

Person in Charge of Firm/Branch is in Good Standing in States Licensed? YES NO

LIST ALL PARTNERS/SHAREHOLDERS OF FIRM/BRANCH

| NAME OF ALL PARTNERS/SHAREHOLDERS | LICENSE JURISDICTION | PERCENTAGE OF OWNERSHIP | INDICATE IF ACTIVE PARTICIPANT OF FIRM |
|-----------------------------------|----------------------|-------------------------|--|
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ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

LIST NAME OF EACH LICENSEE WHO REGULARLY WORKS IN THIS STATE TO INCLUDE PARTNER, OFFICER, SHAREHOLDER OR EMPLOYEE

| NAME | LICENSE JURISDICTION | LICENSE NUMBER |
|------|----------------------|----------------|
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ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license application will show up as PENDING at first. Once the license is issued the status on the application will show as ACTIVE.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional & Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.