

## APPLICATION FOR PERMIT FOR A PUBLIC ACCOUNTING OR OTHER REGULATED SERVICES FIRM

### QUALIFICATION:

Have you previously qualified to practice Public Accounting? \_\_\_\_ Yes \_\_\_\_ No

If answered yes above, upon certification or post certification? \_\_\_\_

Have you previously left public accounting and are applying for re-entry? \_\_\_\_

Note: Additional requirements may apply based on your situation above.

### OWNERSHIP INFORMATION:

Please list all members (CPAs) who have an ownership interest in the firm.

Name	Type of Owner (partner, proprietor, shareholder)	Location where practicing (see Note 1)

Please list any non-member owners of the firm (spouse and children).

Name	Type of Owner (non-controlling partner, non-voting shareholder)	Location where practicing (if applicable)

### INFORMATION ABOUT THE PRACTICE:

Practice Name: \_\_\_\_\_

If incorporated, date of incorporation: \_\_\_\_\_

Firm Type (check one):

Full-time \_\_\_\_ Part-time \_\_\_\_ For partnership/association with a currently registered firm \_\_\_\_

Services to be provided (check one):

• Public accounting services (PAS) (see Bylaw 101 for definition) \_\_\_\_

Check all that apply for PAS: Audit \_\_\_\_ Review \_\_\_\_ Compilation \_\_\_\_

• Other regulated services (ORS) (see Bylaw 801(2) for definition) \_\_\_\_

• Both PAS and ORS \_\_\_\_

Effective date of practice: \_\_\_\_\_

Office locations:

Name of Member in Charge	Office Address, Telephone, Facsimile, E-mail

Note 1: Firms with multiple office locations may either complete one application for all office locations or complete separate applications for each office location. Each office is assessed an initial permit application fee.



Please list the names of employee/contract employees/associates/candidates/students and the nature of their association with the firm.

Name	Nature of Association with Firm	Location Where Practicing/Employed

Please provide the names of the Directors and Officers of the corporation, who are member/s (CPAs).

Name	Position Held

**DECLARATION:**

I understand that it is my responsibility to comply with the provisions of The Chartered Professional Accountants Act, Chapter C71, C.C. S. M. and the CPA Manitoba Bylaws and Code of Professional Conduct with respect to the legal structure, organization and conduct of a public accounting and/or other regulated services firm. I also understand that if the above firm is incorporated that it is my responsibility to ensure that it complies with the provisions of The Corporations Act.

I certify, to the best of my knowledge and belief, that the above information is correct and true and that the legal structure, organization and conduct of the above firm complies with provisions of The Chartered Professional Accountants Act, Chapter C71, C.C.S.M. and the CPA Manitoba Bylaws and Code of Professional Conduct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Position or Office Held

**SUBMIT TO:**

**By email:** era@cpamb.ca; or

**By mail:** CPA Manitoba 1675 One Lombard Place, Winnipeg MB R3B 0X3