

APPLICATION FOR  
**Firm Permit Change of Entity Type**

DO NOT WRITE IN THIS SPACE

STATE BOARD OF CPAs OF LOUISIANA  
601 Poydras Street, Suite 1770  
New Orleans, Louisiana 70130

Firm No. ....  
Date Issued .....  
Reviewed .....  
Approved .....

Instructions: Submit a completed application form with all applicable enclosures.  
Enclose a check for payment of **\$25 Firm Application Change fee** (payable to: State Board of CPAs of LA).

- 1. Original Firm Name \_\_\_\_\_ Firm Permit # \_\_\_\_\_
- 2. New Firm Name \_\_\_\_\_
- 3. Designated Licensee Name \_\_\_\_\_ Certificate# \_\_\_\_\_
- 4. E-Mail Address \_\_\_\_\_
- 5. Current Firm Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Website \_\_\_\_\_

6. Original Firm Form of Legal Entity: \_\_\_\_\_  
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7. Indicate the firm's NEW Form of Legal Entity (check only one):

- SOLE PRACTICE:   \_\_\_ Unincorporated
- PARTNERSHIP:   \_\_\_ Louisiana partnership   \_\_\_ Out-of-state partnership
- LLP:           \_\_\_ Multi-owned LLP       \_\_\_ Out-of-state LLP
- CORPORATION:   \_\_\_ Sole Practitioner-Professional Corp.   \_\_\_ Multi-owned - Professional Corp.
- LLC:           \_\_\_ Single-member LLC   \_\_\_ Multi-member LLC       \_\_\_ Out-of-state LLC
- OTHER:         \_\_\_ Incorporated CPA or LLC **whose firm** is a partner/shareholder/member of another firm

- 8. \_\_\_ YES \_\_\_ NO Has the Firm's new legal form been registered with the Secretary of State's Office?
- 9. \_\_\_ YES \_\_\_ NO Has there been any change to the owners, partners, officers, shareholders, LLC members, or LLC managers or ownership structure of the Firm? (If YES, please provide a complete list of all owners and the percentages held CPA owners in each of the following areas: owners' equity, owners' financial interest, and voting rights in the firm.)
- 10. Enclose a check for payment of **\$25 Firm change application fee** (payable to: State Board of CPAs of LA).
- 11. All information is true, complete and correct to the best of my knowledge and belief. I confirm that the State Board of CPAs of Louisiana will be notified in writing within 30 days of changes as required by the Louisiana Accountancy Act (LAA) and Board Rules. I also confirm, as designated licensee for the firm, that the firm and all of its owners will comply with all LAA requirements, Board Rules and regulations.

\_\_\_\_\_  
Signature, Designated Licensee of the Firm

\_\_\_\_\_  
Date