

APPLICATION FOR
Firm Permit Name Change

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. **Reason for change of name** _____

4. **Original Designated Licensee Name** _____ **Certificate #** _____

5. **New Designated Licensee Name** _____ **Certificate#** _____

6. **Firm E-Mail Address** _____

7. **Current Firm Address** _____

City _____ State _____ Zip _____

Phone _____

Fax _____ Website _____

8. **Original Firm Form of Legal Entity:** _____

9. **Indicate the firm's 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 is a partner/shareholder/member of
another firm

10. ___ YES ___ NO **Has the Firm's new name been registered with the Secretary of State's Office?**

11. Items required to be submitted with application form as applicable, enclosed:

YES N/A

- (A) A sample of each and every letterhead that will be used in Louisiana, **if not enclosed, explain:**
- (B) List of any other firm offices in Louisiana [not shown in item (3.)] with firm name, address, and resident licensee.
- (C) List of **all** partners/shareholders/LLC members or managers (if firm is a partnership, corp, LLP, or LLC) and disclose on the list:
- (1) for **each CPA owner**, indicate the state in which the CPA is licensed as a CPA
 - (2) for each **CPA and non-CPA owner**, disclose whether the individual is actively employed in the firm, and/or an affiliate of the firm and the name of the affiliate
- (D) (1) Provide total percentages held by licensed CPA owners of each of the following:
- (a) owners' equity
 - (b) owners' financial interest (include equity; loans and advances to the firm; guarantees on behalf of the firm; etc.)
 - (c) voting rights in the firm
- (2) Provide the above percentages held by non-CPA owners.
- (E) List of states in which the firm has a firm license, permit or registration.

12. Enclose a check for payment of **\$25 Firm change application fee** (*payable to: State Board of CPAs of LA*).

13. 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