

**North Carolina State Board of Certified Public Accountant Examiners**

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**NOTIFICATION OF NEW OWNER IN A PARTNERSHIP, PROFESSIONAL CORPORATION, OR  
PROFESSIONAL LIMITED LIABILITY COMPANY**

**NOTE:** Pursuant to 21 NCAC 08N .0306(c), the firm's name on letterhead, contracts, engagement letters, tax returns, and all professional services reports must match exactly the firm's name as registered with the Board and if applicable, the Secretary of State.

**NOTE:** There is no fee to notify the Board of a new owner in a partnership, professional corporation, or professional limited liability company.

**NOTE:** Please keep a copy of all documents for your reference.

To notify the Board of a new owner in a partnership, professional corporation, or professional limited liability company, send the Board the following items:

- Completed *Contact Information* sheet;
- Completed *Required Information* sheet; and
- One copy of the proposed firm letterhead

The Board staff will review the above-referenced information to ensure that the CPA firm is in compliance with the Board's rules and that no inquiry or disciplinary action is pending against any of the owners.

### CONTACT INFORMATION

Please provide the firm's contact information below and submit the completed form to the Board with other required information.

Contact Person's Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & ZIP \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**REQUIRED INFORMATION**

**1) List all resident North Carolina owners below or on additional sheets.**

Name \_\_\_\_\_ NC Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ NC Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ NC Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

**2) List all non-resident owners below or on additional sheets.**

Name \_\_\_\_\_ Orig. Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Orig. Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Orig. Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_