

Initial Firm Registration

Name:	Operating Name:
Address:	Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Firm
	Position/Title:
	Phone (work):
Phone (Home):	Email:

Please indicate which of these services you intend to provide to the public:

- | | |
|---------------------------------|--------------------------|
| Audit Engagements* | <input type="checkbox"/> |
| Review Engagements* | <input type="checkbox"/> |
| Compilation Engagements | <input type="checkbox"/> |
| Tax preparation/advisory | <input type="checkbox"/> |
| Financial Advisory / Consulting | <input type="checkbox"/> |

*Audit and Review Engagements are included in the Chartered Professional Accountants and Public Accountants Act definition of public accounting and require a Licence through CPA Newfoundland and Labrador. If you provide these services you are also required to complete the Public Accountants License form.

I hereby confirm:

I have maintained eligibility for registration in accordance with the Chartered Professional Accountants and Public Accountants Act, Regulations, By-laws and Board Rules.

I declare that I will maintain sufficient professional liability insurance to comply with CPA Newfoundland and Labrador By-law 431, I will ensure I am specifically listed on the Insurance Policy and I will provide proof to the Association within 15 days following registration.

I declare that I and/or my firm is aware that, to comply with CPA Newfoundland and Labrador By-law 431(1)(d), there is a requirement to carry professional liability insurance for a period of not less than six (6) years following the date on which I ceased to provide services to the public practice.

Signature

Date