

Public accounting firms that wish to apply for registration with the PCAOB must do so by completing and submitting this form according to the instructions for Form 1.

APPLICANT PROFILE (OPTIONAL)

1. Applicant audits *issuers*.
 2. Applicant audits *broker-dealers*.
 3. Applicant audits registered employee benefit plans.
 4. Applicant plays, or has played, a substantial role in an audit but does not issue *audit reports*.
 5. Applicant has not conducted or played a substantial role in an audit but may do so in the future.
 6. Applicant is submitting Form 1 for a reason not listed above (please specify).
-

Sample

Version

PART I - IDENTITY OF THE APPLICANT				IR	
ITEM 1.1 - NAME OF APPLICANT				LC	
1. APPLICANT LEGAL NAME					
2. APPLICANT COUNTRY					
				CA	C
				e	R
				e	e
3. OTHER NAME USED					
				CA	CR
				e	e
				e	e
ITEM 1.2 - APPLICANT CONTACT INFORMATION				LC	
1. HEADQUARTERS PHYSICAL ADDRESS			2. MAILING ADDRESS <input type="checkbox"/> Same as physical address		
1a. Country			CA	CR	
			e	e	
2a. Country			CA	CR	
			e	e	
1b. Street Address 1			CA	CR	
			e	e	
2b. Street Address 1			CA	CR	
			e	e	
1c. Street Address 2			CA	CR	
			e	e	
2c. Street Address 2			CA	CR	
			e	e	
1d. City			CA	CR	
			e	e	
2d. City			CA	CR	
			e	e	
1e-1. State/Province			CA	CR	
			e	e	
2e-1. State/Province			CA	CR	
			e	e	
1e-2. Non-U.S. State/Province			CA	CR	
			e	e	
2e-2. Non-U.S. State/Province			CA	CR	
			e	e	
1f. Zip/Postal Code			CA	CR	
			e	e	
2f. Zip/Postal Code			CA	CR	
			e	e	
3. TELEPHONE NUMBER (Incl. country and area codes)			CA	CR	
			e	e	
4. FAX NUMBER (Incl. country and area codes)			CA	CR	
			e	e	
5. WEBSITE ADDRESS					
				CA	CR
				e	e
Applicant has additional offices <input type="checkbox"/>			To enter additional offices, use Exhibit 1-5		

ITEM 1.3 - PRIMARY CONTACT AND SIGNATORIES INFORMATION

LC



ITEM 1.3.1 - PRIMARY CONTACT INFORMATION

1. PRIMARY CONTACT NAME		2. PRIMARY CONTACT BUSINESS TITLE	
1a. Family Name (Last Name)	CA CR	1b. Given Name (First Name)	CA CR
<input type="text"/>	è è	<input type="text"/>	è è
3. PHYSICAL ADDRESS		4. MAILING ADDRESS è Same as physical address	
3a. Country	CA CR	4a. Country	CA CR
<input type="text"/>	è è	<input type="text"/>	è è
3b. Street Address 1	CA CR	4b. Street Address 1	CA CR
<input type="text"/>	è è	<input type="text"/>	è è
3c. Street Address 2	CA CR	4c. Street Address 2	CA CR
<input type="text"/>	è è	<input type="text"/>	è è
3d. City	CA CR	4d. City	CA CR
<input type="text"/>	è è	<input type="text"/>	è è
3e-1. State/Province	CA CR	4e-1. State/Province	CA CR
<input type="text"/>	è è	<input type="text"/>	è è
3e-2. Non-U.S. State/Province	CA CR	4e-2. Non-U.S. State/Province	CA CR
<input type="text"/>	è è	<input type="text"/>	è è
3f. Zip/Postal Code	CA CR	4f. Zip/Postal Code	CA CR
<input type="text"/>	è è	<input type="text"/>	è è
5. TELEPHONE NUMBER (Incl. country and area codes)	CA CR	6. FAX NUMBER (Incl. country and area codes)	CA CR
<input type="text"/>	è è	<input type="text"/>	è è
7. EMAIL ADDRESS			
<input type="text"/>		CA CR	
		è è	

Sample

Version

ITEM 1.3 - PRIMARY CONTACT AND SIGNATORIES INFORMATION (CONTINUED)

1.3.2 - FIRST SIGNATORY INFORMATION (IF DIFFERENT FROM PRIMARY CONTACT)

1. FIRST SIGNATORY NAME CA CR 1a. Family Name (Last Name) é è _____		1b. Given Name (First Name) CA CR é è _____		2. FIRST SIGNATORY BUSINESS TITLE CA CR é è _____	
3. PHYSICAL ADDRESS 3a. Country CA CR _____ é è			4. MAILING ADDRESS é Same as Physical Address 4a. Country CA CR _____ é è		
3b. Street Address 1 CA CR _____ é è			4b. Street Address 1 CA CR _____ é è		
3c. Street Address 2 CA CR _____ é è			4c. Street Address 2 CA CR _____ é è		
3d. City CA CR _____ é è			4d. City CA CR _____ é è		
3e-1. State/Province CA CR _____ é è			4e-1. State/Province CA CR _____ é è		
3e-2. Non-U.S. State/Province CA CR _____ é è			4e-2. Non-U.S. State/Province CA CR _____ é è		
3f. Zip/Postal Code CA CR _____ é è			4f. Zip/Postal Code CA CR _____ é è		
5. TELEPHONE NUMBER (incl. country and area codes) CA CR _____ é è			6. FAX NUMBER (incl. country and area codes) CA CR _____ é è		
7. EMAIL ADDRESS CA CR _____ é è					

Sample

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1.3.3 - SECOND SIGNATORY INFORMATION (IF DIFFERENT FROM PRIMARY CONTACT)

1. SECOND SIGNATORY NAME CA CR		2. SECOND SIGNATORY BUSINESS TITLE CA CR	
1a. Family Name (Last Name) CA CR	1b. Given Name (First Name) CA CR		
3. PHYSICAL ADDRESS		4. MAILING ADDRESS CA CR Same as Physical Address	
3a. Country CA CR		4a. Country CA CR	
3b. Street Address 1 CA CR		4b. Street Address 1 CA CR	
3c. Street Address 2 CA CR		4c. Street Address 2 CA CR	
3d. City CA CR		4d. City CA CR	
3e-1. State/Province CA CR		4e-1. State/Province CA CR	
3e-2. Non-U.S. State/Province CA CR		4e-2. Non-U.S. State/Province CA CR	
3f. Zip/Postal Code CA CR		4f. Zip/Postal Code CA CR	
5. TELEPHONE NUMBER (incl. country and area codes) CA CR		6. FAX NUMBER (incl. country and area codes) CA CR	
7. EMAIL ADDRESS			CA CR

Sample

Version

ITEM 1.4 - APPLICANT'S FORM OF ORGANIZATION

LC

1. APPLICANT LEGAL FORM [Redacted]	Other [Redacted]	CA CR [Redacted]
2. JURISDICTION [Redacted]	Other [Redacted]	CA CR [Redacted]

ITEM 1.6 - ASSOCIATED ENTITIES OF APPLICANT

LC

1. ENTITY NAME [Redacted]		CA CR [Redacted]
2. PHYSICAL ADDRESS		3. MAILING ADDRESS <input type="checkbox"/> Same as Physical Address
2a. Country [Redacted]	CA CR [Redacted]	3a. Country [Redacted]
2b. Street Address 1 [Redacted]	CA CR [Redacted]	3b. Street Address 1 [Redacted]
2c. Street Address 2 [Redacted]	CA CR [Redacted]	3c. Street Address 2 [Redacted]
2d. City [Redacted]	CA CR [Redacted]	3d. City [Redacted]
2e-1. State/Province [Redacted]	CA CR [Redacted]	3e-1. State/Province [Redacted]
2e-2. Non-U.S. State/Province [Redacted]	CA CR [Redacted]	3e-2. Non-U.S. State/Province [Redacted]
2f. Zip/Postal Code [Redacted]	CA CR [Redacted]	3f. Zip/Postal Code [Redacted]

ITEM 1.7 - APPLICANT'S LICENSES

LC

1. LICENSE OR CERTIFICATION NUMBER [Redacted]	CA CR [Redacted]
2. ISSUING STATE, AGENCY, BOARD OR OTHER AUTHORITY [Redacted]	CA CR [Redacted]
3. COUNTRY WHERE ISSUING AUTHORITY IS LOCATED [Redacted]	CA CR [Redacted]

Sample

Please indicate if you would like to include additional information explaining fees provided in Part II.

ITEM 2.1 - ISSUERS FOR WHICH APPLICANT PREPARED AUDIT REPORTS DURING THE PRECEDING CALENDAR YEAR N/A LC

<i>ISSUER</i>			
1. ISSUER NAME	CA	CR	6. ISSUER BUSINESS ADDRESS
<input type="text"/>			6a. Country
1a. ISSUER CIK (Central Index Key) number, if any	CA	CR	6b. Street Address 1
<input type="text"/> Check here if none			<input type="text"/>
2. DATE OF AUDIT REPORT (MM/DD/YYYY)	CA	CR	6c. Street Address 2
<input type="text"/>			<input type="text"/>
3. AUDIT SERVICES FEES	CA	CR	6d. City
<input type="text"/>			<input type="text"/>
4. OTHER ACCOUNTING SERVICES FEES	CA	CR	6e-1. State/Province
<input type="text"/>			<input type="text"/>
5. NON-AUDIT SERVICES FEES	CA	CR	6e-2. Non-U.S. State/Province
<input type="text"/>			<input type="text"/>
			6f. Zip/Postal Code
			<input type="text"/>

ITEM 2.2 - ISSUERS FOR WHICH APPLICANT PREPARED AUDIT REPORTS DURING THE CURRENT CALENDAR YEAR N/A LC

<i>ISSUER</i>			
1. ISSUER NAME	CA	CR	6. ISSUER BUSINESS ADDRESS
<input type="text"/>			6a. Country
1a. ISSUER CIK (Central Index Key) number, if any	CA	CR	6b. Street Address 1
<input type="text"/> Check here if none			<input type="text"/>
2. DATE OF AUDIT REPORT (MM/DD/YYYY)	CA	CR	6c. Street Address 2
<input type="text"/>			<input type="text"/>
3. AUDIT SERVICES FEES	CA	CR	6d. City
<input type="text"/>			<input type="text"/>
4. OTHER ACCOUNTING SERVICES FEES	CA	CR	6e-1. State/Province
<input type="text"/>			<input type="text"/>
5. NON-AUDIT SERVICES FEES	CA	CR	6e-2. Non-U.S. State/Province
<input type="text"/>			<input type="text"/>
			6f. Zip/Postal Code
			<input type="text"/>

ITEM 2.3 - ISSUERS FOR WHICH APPLICANT EXPECTS TO PREPARE AUDIT REPORTS DURING THE CURRENT YEAR

N/A LC

ISSUER

<p>1. ISSUER NAME</p> <p><input type="checkbox"/> CA <input type="checkbox"/> CR</p> <p><input type="checkbox"/></p>	<p>2. ISSUER BUSINESS ADDRESS</p> <p>2a. Country <input type="checkbox"/> CA <input type="checkbox"/> CR</p> <p><input type="checkbox"/></p>
<p>1a. ISSUER CIK (Central Index Key) number, if any</p> <p><input type="checkbox"/> CA <input type="checkbox"/> CR</p> <p><input type="checkbox"/> <input type="checkbox"/> Check here if none <input type="checkbox"/></p>	<p>2b. Street Address 1 <input type="checkbox"/> CA <input type="checkbox"/> CR</p> <p><input type="checkbox"/></p>
	<p>2c. Street Address 2 <input type="checkbox"/> CA <input type="checkbox"/> CR</p> <p><input type="checkbox"/></p>
	<p>2d. City <input type="checkbox"/> CA <input type="checkbox"/> CR</p> <p><input type="checkbox"/></p>
	<p>2e-1. State/Province <input type="checkbox"/> CA <input type="checkbox"/> CR</p> <p><input type="checkbox"/></p>
	<p>2e-2. Non-U.S. State/Province <input type="checkbox"/> CA <input type="checkbox"/> CR</p> <p><input type="checkbox"/></p>
	<p>2f. Zip/Postal Code <input type="checkbox"/> CA <input type="checkbox"/> CR</p> <p><input type="checkbox"/></p>

Sample Version

ITEM 2.4 - ISSUERS FOR WHICH APPLICANT PLAYED, OR EXPECTS TO PLAY, A SUBSTANTIAL ROLE IN AUDIT
 (Complete only if you had no responses to Items 2.1 through 2.3)

N/A LC

<i>ISSUER</i>			
1. ISSUER NAME	CA <input type="checkbox"/> CR <input type="checkbox"/>	5. ISSUER BUSINESS ADDRESS	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	5a. Country	<input type="text"/>
1a. ISSUER CIK (Central Index Key) number, if any	CA <input type="checkbox"/> CR <input type="checkbox"/>	5b. Street Address 1	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/> <input type="checkbox"/> Check here if none	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
2. PRIMARY AUDITOR	CA <input type="checkbox"/> CR <input type="checkbox"/>	5c. Street Address 2	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
3. DATE OF AUDIT REPORT (IF ISSUED) (MM/DD/YYYY)	CA <input type="checkbox"/> CR <input type="checkbox"/>	5d. City	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
4a. TYPE OF ROLE PLAYED	CA <input type="checkbox"/> CR <input type="checkbox"/>	5e-1. State/Province	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
4b. Other Role Type		5e-2. Non-U.S. State/Province	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/>		<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
		5f. Zip/Postal Code	CA <input type="checkbox"/> CR <input type="checkbox"/>
		<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>

<i>ISSUER</i>			
1. ISSUER NAME	CA <input type="checkbox"/> CR <input type="checkbox"/>	5. ISSUER BUSINESS ADDRESS	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	5a. Country	<input type="text"/>
1a. ISSUER CIK (Central Index Key) number, if any	CA <input type="checkbox"/> CR <input type="checkbox"/>	5b. Street Address 1	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/> <input type="checkbox"/> Check here if none	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
2. PRIMARY AUDITOR	CA <input type="checkbox"/> CR <input type="checkbox"/>	5c. Street Address 2	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
3. DATE OF AUDIT REPORT (IF ISSUED) (MM/DD/YYYY)	CA <input type="checkbox"/> CR <input type="checkbox"/>	5d. City	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
4a. TYPE OF ROLE PLAYED	CA <input type="checkbox"/> CR <input type="checkbox"/>	5e-1. State/Province	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
4b. Other Role Type		5e-2. Non-U.S. State/Province	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/>		<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
		5f. Zip/Postal Code	CA <input type="checkbox"/> CR <input type="checkbox"/>
		<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>

<i>ISSUER</i>			
1. ISSUER NAME	CA <input type="checkbox"/> CR <input type="checkbox"/>	5. ISSUER BUSINESS ADDRESS	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	5a. Country	<input type="text"/>
1a. ISSUER CIK (Central Index Key) number, if any	CA <input type="checkbox"/> CR <input type="checkbox"/>	5b. Street Address 1	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/> <input type="checkbox"/> Check here if none	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
2. PRIMARY AUDITOR	CA <input type="checkbox"/> CR <input type="checkbox"/>	5c. Street Address 2	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
3. DATE OF AUDIT REPORT (IF ISSUED) (MM/DD/YYYY)	CA <input type="checkbox"/> CR <input type="checkbox"/>	5d. City	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
4a. TYPE OF ROLE PLAYED	CA <input type="checkbox"/> CR <input type="checkbox"/>	5e-1. State/Province	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
4b. Other Role Type		5e-2. Non-U.S. State/Province	CA <input type="checkbox"/> CR <input type="checkbox"/>
<input type="text"/>		<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
		5f. Zip/Postal Code	CA <input type="checkbox"/> CR <input type="checkbox"/>
		<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>

ISSUER

1. ISSUER NAME [REDACTED]	CA CR ê ê	5. ISSUER BUSINESS ADDRESS 5a. Country [REDACTED]	CA CR ê ê
1a. ISSUER CIK (Central Index Key) number, if any [REDACTED] ê Check here if none	CA CR ê ê	5b. Street Address 1 [REDACTED]	CA CR ê ê
2. PRIMARY AUDITOR [REDACTED]	CA CR ê ê	5c. Street Address 2 [REDACTED]	CA CR ê ê
3. DATE OF AUDIT REPORT (IF ISSUED) (MM/DD/YYYY) [REDACTED]	CA CR ê ê	5d. City [REDACTED]	CA CR ê ê
4a. TYPE OF ROLE PLAYED [REDACTED]	CA CR ê ê	5e-1. State/Province [REDACTED]	CA CR ê ê
4b. Other Role Type [REDACTED]		5e-2. Non-U.S. State/Province [REDACTED]	CA CR ê ê
		5f. Zip/Postal Code [REDACTED]	CA CR ê ê

Sample Version

Please indicate if you would like to include additional information explaining fees provided in Part III.

ITEM 3.1 - BROKERS AND DEALERS FOR WHICH APPLICANT PREPARED AUDIT REPORTS DURING THE PRECEDING CALENDAR YEAR

N/A LC

BROKER OR DEALER

1. BROKER OR DEALER NAME <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>	6. BROKER OR DEALER BUSINESS ADDRESS 6a. Country <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
1a. <i>Broker's or Dealer's</i> CRD (Central Registration Depository) number <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>	6b. Street Address 1 <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
1b. <i>Broker's or Dealer's</i> CIK (Central Index Key) number, if any <input type="text"/> <input type="checkbox"/> Check here if none	CA <input type="checkbox"/> CR <input type="checkbox"/>	6c. Street Address 2 <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
2. DATE OF AUDIT REPORT (MM/DD/YYYY) <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>	6d. City <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
3. AUDIT SERVICES FEES <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>	6e-1. State/Province <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
4. OTHER ACCOUNTING SERVICES FEES <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>	6e-2. Non-U.S. State/Province <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
5. NON-AUDIT SERVICES FEES <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>	6f. Zip/Postal Code <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>

ITEM 3.2 - BROKERS AND DEALERS FOR WHICH APPLICANT PREPARED AUDIT REPORTS DURING THE CURRENT CALENDAR YEAR

N/A LC

BROKER OR DEALER

1. BROKER OR DEALER NAME <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>	6. BROKER OR DEALER BUSINESS ADDRESS 6a. Country <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
1a. <i>Broker's or Dealer's</i> CRD (Central Registration Depository) number <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>	6b. Street Address 1 <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
1b. <i>Broker's or Dealer's</i> CIK (Central Index Key) number, if any <input type="text"/> <input type="checkbox"/> Check here if none	CA <input type="checkbox"/> CR <input type="checkbox"/>	6c. Street Address 2 <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
2. DATE OF AUDIT REPORT (MM/DD/YYYY) <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>	6d. City <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
3. AUDIT SERVICES FEES <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>	6e-1. State/Province <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
4. OTHER ACCOUNTING SERVICES FEES <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>	6e-2. Non-U.S. State/Province <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
5. NON-AUDIT SERVICES FEES <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>	6f. Zip/Postal Code <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>

ITEM 3.3 - BROKERS AND DEALERS FOR WHICH APPLICANT EXPECTS TO PREPARE AUDIT REPORTS DURING THE CURRENT YEAR

N/A LC

BROKER OR DEALER

1. BROKER OR DEALER NAME		CA	CR	2. BROKER OR DEALER BUSINESS ADDRESS	
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	2a. Country	
				<input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
1a. <i>Broker's or Dealer's</i> CRD (Central Registration Depository) number		CA	CR	2b. Street Address 1	
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
1b. <i>Broker's or Dealer's</i> CIK (Central Index Key) number, if any		CA	CR	2c. Street Address 2	
<input type="text"/> <input type="checkbox"/> Check here if none		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
				2d. City	
				<input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
				2e-1. State/Province	
				<input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
				2e-2. Non-U.S. State/Province	
				<input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
				2f. Zip/Postal Code	
				<input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>

ITEM 3.4 - BROKERS AND DEALERS FOR WHICH APPLICANT PLAYED, OR EXPECTS TO PLAY, A SUBSTANTIAL ROLE IN AUDIT

(Complete only if you had no responses to Items 3.1 through 3.3)

N/A LC

BROKER OR DEALER

1. BROKER OR DEALER NAME		CA	CR	5. BROKER OR DEALER BUSINESS ADDRESS	
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	5a. Country	
				<input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
1a. <i>Broker's or Dealer's</i> CRD (Central Registration Depository) number		CA	CR	5b. Street Address 1	
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
1b. <i>Broker's or Dealer's</i> CIK (Central Index Key) number, if any		CA	CR	5c. Street Address 2	
<input type="text"/> <input type="checkbox"/> Check here if none		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
2. PRIMARY AUDITOR		CA	CR	5d. City	
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
3. DATE OF AUDIT REPORT (IF ISSUED) (MM/DD/YYYY)		CA	CR	5e-1. State/Province	
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
4a. TYPE OF ROLE PLAYED		CA	CR	5e-2. Non-U.S. State/Province	
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
4b. Other Role Type				5f. Zip/Postal Code	
<input type="text"/>				<input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>

PART IV - STATEMENT OF APPLICANT'S QUALITY CONTROL POLICIES	IR	e
ITEM 4.1 - EXHIBIT 4.1 - APPLICANT'S QUALITY CONTROL POLICIES	LC	e
<p>Furnish, as Exhibit 4.1, a narrative, summary description, in a clear, concise and understandable format, of the quality control policies of the applicant for its accounting and auditing practices, including procedures used to monitor compliance with independence requirements.</p>	CA	CR e

Sample Version

ITEM 5.1 - CERTAIN CRIMINAL, CIVIL AND ADMINISTRATIVE PROCEEDINGS

a. Is the applicant or any associated person of the applicant a defendant or respondent:

1. in any pending criminal proceeding, or was a defendant in any such proceeding in which a judgment was rendered against the applicant or such person, whether by plea or after trial, during the previous five years?
2. in any pending civil or alternative dispute resolution proceeding initiated by a governmental entity (including a non-U.S. jurisdiction) arising out of the applicant's or such person's conduct in connection with an *audit report*, or a comparable report prepared for a client that is not an *issuer, broker, or dealer*, or was a defendant or respondent in any such proceeding in which a judgment or award was rendered against the applicant or such person, whether by consent or otherwise, during the previous five years?
3. in any pending administrative or disciplinary proceeding arising out of the applicant's or such person's conduct in connection with an *audit report*, or a comparable report prepared for a client that is not an *issuer, broker, or dealer*, or was a respondent in any such proceeding in which a finding of violation was rendered, or a sanction entered, against the applicant or such person, whether by consent or otherwise, during the previous five years? Administrative or disciplinary proceedings include those of the Commission; the Board; any other federal, state, or non-U.S. agency, board, or administrative or licensing authority; and any professional association or body. Investigations that have not resulted in the commencement of a proceeding need not be included.

Note: Foreign public accounting firm applicants need only disclose such proceedings for the applicant and any proprietor, partner, principal, shareholder, officer, or manager of the applicant who provided at least ten hours of *audit services* for any *issuer, broker, or dealer* during the last calendar year.

▼

YES
 NO
 Legal Conflict

ITEM 5.1 - CERTAIN CRIMINAL, CIVIL AND ADMINISTRATIVE PROCEEDINGS (CONTINUED)

b. In the event of an affirmative response to Item 5.1.a, furnish the following information with respect to each such proceeding:

1. PROCEEDING

1a. Name of Proceeding		CA	CR
[Redacted]		é	é
1b. Type of Proceeding	CA	CR	
[Redacted]	é	é	
1c. Filing Date (MM/DD/YYYY)	CA	CR	
[Redacted]	é	é	
1d. Docket/Case Number	CA	CR	
[Redacted]	é	é	

2. COURT/TRIBUNAL

2a. Court/Tribunal Name		CA	CR
[Redacted]		é	é
2b. Court/Tribunal Country	CA	CR	
[Redacted]	é	é	
2e. City	CA	CR	
[Redacted]	é	é	
2c. Street Address 1	CA	CR	
[Redacted]	é	é	
2f-1. State/Province	CA	CR	
[Redacted]	é	é	
2d. Street Address 2	CA	CR	
[Redacted]	é	é	
2f-2. Non-U.S. State/Province	CA	CR	
[Redacted]	é	é	
2g. Zip/Postal Code	CA	CR	
[Redacted]	é	é	

3. DEFENDANTS/RESPONDENTS

Full Name		CA	CR
[Redacted]		é	é
3a. Statutes/Rules/Requirements			
Statute/Rule/Requirement Identification	CA	CR	
[Redacted]	é	é	
3b. Outcome	CA	CR	
[Redacted]	é	é	

4. ISSUER, BROKER, OR DEALER

Name	CA	CR
[Redacted]	é	é

Sample

Version

ITEM 5.1 - CERTAIN CRIMINAL, CIVIL AND ADMINISTRATIVE PROCEEDINGS (CONTINUED)

c. Indicate whether or not any employee, partner, shareholder, principal, member, or owner of the applicant, or any person or entity with which the applicant has a contractual or other arrangement to receive consulting or other professional services, is currently subject to a *Board* disciplinary sanction suspending or barring the person from being an *associated person of a registered public accounting firm*. ▶ jn YES CA CR
 jn NO é é

d. In the event of an affirmative response to Item 5.1.c, furnish the following with respect to each such person or entity:

1. Full Name of Person or Entity	CA	CR
	é	é
2. Description of Job Title or Duties Performed for Applicant	CA	CR
	é	é
3. Date of Board Order (MM/DD/YYYY)	CA	CR
	é	é

e. Indicate whether or not the applicant or any employee, partner, shareholder, principal, member, or owner of the applicant, or any person or entity with which the applicant has a contractual or other arrangement to receive consulting or other professional services, is currently subject to a (1) *Commission* order suspending or denying the privilege of appearing or practicing before the *Commission*, or (2) court-ordered injunction prohibiting appearance or practice before the *Commission*. ▶ jn YES CA CR
 jn NO é é

f. In the event of an affirmative response to Item 5.1.e, furnish the following with respect to each such person or entity:

1. Full Name of Person or Entity		CA	CR
		é	é
2. Description of Job Title or Duties Performed (if other than applicant)		CA	CR
		é	é
3a. Date of Order (MM/DD/YYYY)	CA	CR	3b. Type of Order
	é	é	
4a. Court Name (if a court order)	CA	CR	4b. Name of Proceeding (if a court order)
	é	é	
4c. Docket/Case Number (if a court order)	CA	CR	
	é	é	

ITEM 5.2 - PENDING PRIVATE CIVIL ACTIONS

LC



a. Is the applicant or any associated person of the applicant a defendant or respondent in any pending civil proceeding or alternative dispute resolution proceeding initiated by a non-governmental entity involving conduct in connection with an *audit report*, or a comparable report prepared for a client that is not an *issuer, broker, or dealer*?

CA CR
é é

Note: *Foreign public accounting firm* applicants need only disclose such proceedings for the applicant and any proprietor, partner, principal, shareholder, officer or manager of the applicant who provided at least ten hours of *audit services* for any *issuer, broker or dealer* during the last calendar year.

- YES
- NO
- Legal Conflict

b. In the event of an affirmative response to Item 5.2.a, furnish the following information with respect to each such proceeding:

1. PROCEEDING

1a. Name of Proceeding

CA CR
é é

1b. Filing Date (MM/DD/YYYY)

CA CR
é é

1c. Docket/Case Number

CA CR
é é

2. COURT/TRIBUNAL

2a. Court/Tribunal Name

CA CR
é é

2b. Court/Tribunal Country

CA CR
é é

2e. City

CA CR
é é

2c. Street Address 1

CA CR
é é

2f-1. State/Province

CA CR
é é

2d. Street Address 2

CA CR
é é

2f-2. Non-U.S. State/Province

CA CR
é é

2g. Zip/Postal Code

CA CR
é é

3. DEFENDANTS/RESPONDENTS

Full Name

CA CR
é é

3a. Statutes/Rules/Requirements

Statute/Rule/Requirement Identification

CA CR
é é

4. ISSUER, BROKER OR DEALER

Name

CA CR
é é

ITEM 5.3 - EXHIBIT 5.3

APPLICANT'S DISCRETIONARY STATEMENT REGARDING PROCEEDINGS INVOLVING THE APPLICANT'S AUDIT PRACTICE

LC

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CA CR

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With respect to any case or proceeding listed in response to Items 5.1 or 5.2, the applicant may, at its discretion, furnish, as Exhibit 5.3, a statement or statements describing the proceeding and the reasons that, in the applicant's view, such proceeding should not be a basis for the denial of its application for registration.

Sample Version

PART VI - LISTING OF FILINGS DISCLOSING ACCOUNTING DISAGREEMENTS WITH PUBLIC COMPANY AUDIT CLIENTS AND ISSUES WITH BROKER OR DEALER AUDIT CLIENTS		IR	CA
ITEM 6.1 - EXISTENCE OF DISAGREEMENTS WITH ISSUERS		LC	CA
a. Has the applicant been the former accountant with respect to any disclosure of a disagreement with an issuer made by such issuer during the current or preceding calendar year in a filing with the Commission pursuant to Item 304(a)(1)(iv) of Regulation S-K, 17 C.F.R. 229.304(a)(1)(iv)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	CA	CR
b. Has the applicant been the former accountant with respect to any filing made by an issuer during the current or preceding calendar year with the Commission containing a letter submitted by the applicant to the Commission pursuant to Item 304(a)(3) of Regulation S-K, 17 C.F.R. 229.304(a)(3), in which the applicant stated that it disagreed with a statement of the issuer in response to Item 304(a)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	CA	CR
ITEM 6.2 - LISTING OF DISAGREEMENTS WITH ISSUERS		LC	CA
In the event of an affirmative response to Item 6.1.a or 6.1.b, furnish the following information with respect to each such filing. Also furnish, as Exhibit 6.3, a copy of every filing described.			
DISAGREEMENT			
1. Issuer Name	CA CR	2. Filing Date (MM/DD/YYYY)	CA CR
	é é		é é
3. Filing Name			CA CR
			é é
DISAGREEMENT			
1. Issuer Name	CA CR	2. Filing Date (MM/DD/YYYY)	CA CR
	é é		é é
3. Filing Name			CA CR
			é é
DISAGREEMENT			
1. Issuer Name	CA CR	2. Filing Date (MM/DD/YYYY)	CA CR
	é é		é é
3. Filing Name			CA CR
			é é
DISAGREEMENT			
1. Issuer Name	CA CR	2. Filing Date (MM/DD/YYYY)	CA CR
	é é		é é
3. Filing Name			CA CR
			é é
DISAGREEMENT			
1. Issuer Name	CA CR	2. Filing Date (MM/DD/YYYY)	CA CR
	é é		é é
3. Filing Name			CA CR
			é é
ITEM 6.3 - EXHIBIT 6.3 - COPIES OF FILINGS		LC	CA
Furnish, as Exhibit 6.3, a copy of every filing described in Item 6.2.			CR
			é é

ITEM 6.4 - EXISTENCE OF ISSUES WITH *BROKERS* OR *DEALERS*

LC

Indicate whether or not the applicant has been the former accountant with respect to a notice of any issues relating to any matter of accounting principles or practices, financial statement disclosure, auditing scope or procedure, or compliance with applicable rules of the *Commission* made by a *broker* or *dealer* during the current or preceding calendar year in a filing with the *Commission* pursuant to Rule 17a-5(f)(3)(v)(B), 17 C.F.R. § 240.17a-5(f)(3)(v)(B).

▶ YES
 NO

CA CR

ITEM 6.5 - LISTING OF ISSUES WITH *BROKERS* OR *DEALERS*

LC

In the event of an affirmative response to Item 6.4, furnish the following information with respect to each such filing.

ISSUE

1a. <i>Broker</i> or <i>Dealer</i> Name <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>	1b. <i>Broker's</i> or <i>Dealer's</i> CRD (Central Registration Depository) number <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
1c. <i>Broker's</i> or <i>Dealer's</i> CIK (Central Index Key) number, if any <input type="text"/> <input type="checkbox"/> Check here if none	CA <input type="checkbox"/> CR <input type="checkbox"/>	2. Filing Date (MM/DD/YYYY) <input type="text"/>	CA <input type="checkbox"/> CR <input type="checkbox"/>
3. Filing Name <input type="text"/>		CA <input type="checkbox"/> CR <input type="checkbox"/>	

ITEM 6.6 - EXHIBIT 6.6 - COPIES OF FILINGS

LC

Furnish, as Exhibit 6.6, a copy of every filing described in Item 6.5.

CA CR

Sample

Version

ITEM 7.1 - LISTING OF ACCOUNTANTS ASSOCIATED WITH APPLICANT

N/A LC

ACCOUNTANT NAME

a. Family Name (Last Name)

CA CR
é é

b. Given Name (First Name)

CA CR
é é

c. License or Certification Number

Issuing State (U.S. only)

Other Issuing Authority

CA CR
é é

ACCOUNTANT NAME

a. Family Name (Last Name)

CA CR
é é

b. Given Name (First Name)

CA CR
é é

c. License or Certification Number

Issuing State (U.S. only)

Other Issuing Authority

CA CR
é é

ACCOUNTANT NAME

a. Family Name (Last Name)

CA CR
é é

b. Given Name (First Name)

CA CR
é é

c. License or Certification Number

Issuing State (U.S. only)

Other Issuing Authority

CA CR
é é

ACCOUNTANT NAME

a. Family Name (Last Name)

CA CR
é é

b. Given Name (First Name)

CA CR
é é

c. License or Certification Number

Issuing State (U.S. only)

Other Issuing Authority

CA CR
é é

ITEM 7.2 - NUMBER OF FIRM PERSONNEL

LC

€

a) Enter the total number of accountants employed by the applicant:

CA CR
€ €

b) Enter the total number of certified public accountants, or accountants with comparable licenses from non-U.S. jurisdictions, employed by the applicant:

CA CR
€ €

c) Enter the total number of personnel employed by the applicant:

CA CR
€ €

Sample Version

Consent to Cooperate with the Board and
Statement of Acceptance of Registration Condition

- (a) [redacted] consents to cooperate in and comply with any request for testimony or the production of documents made by the Public Company Accounting Oversight Board in furtherance of its authority and responsibilities under the Sarbanes-Oxley Act of 2002.
- (b) [redacted] agrees to secure and enforce similar consents from each of its *associated persons* as a condition of their continued employment by or other association with the firm.*
- (c) [redacted] understands and agrees that cooperation and compliance, as described in the firm's consent in paragraph (a), and the securing and enforcement of such consents from its *associated persons* in accordance with paragraph (b), shall be a condition to the continuing effectiveness of the registration of the firm with the Public Company Accounting Oversight Board.

Signed By: [redacted]

The Consent Signatory Name must match one of the names entered in Part I - Item 1.3 of this form.

Consent Signatory is a: Partner Officer

Signature

Date (MM/DD/YYYY)

* The consents required by paragraph (b) of this Item must be secured by the applicant no later than 45 days after submitting this application or, for persons who become associated persons of the firm subsequent to the submission of this application, at the time of the person's association with the firm.

For applicants that are *foreign public accounting firms*, the term "*associated persons*" as used in this Item means all *accountants* who are a proprietor, partner, principal, shareholder, officer, or manager of the applicant and who provided at least ten hours of *audit services* for any *issuer, broker, or dealer* during the last calendar year.

Sample

Version

PART IX - SIGNATURE OF APPLICANT

ITEM 9.1 - SIGNATURE OF PARTNER OR AUTHORIZED OFFICER

I, _____
hereby certify that I have reviewed this application; that the application is, based on my knowledge, complete and does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading, and that I am authorized to execute this application on behalf of the applicant.

My Business Title: _____

I am a: Partner Officer

Signature

Date (MM/DD/YYYY)

The signer above must be one of the persons entered in Part I - Item 1.3 of this form.

Version

Sample

EXHIBIT 99.1 - REQUEST FOR CONFIDENTIAL TREATMENT

For each request for confidential treatment of information, include as Exhibit 99.1 a detailed explanation as to why, based on the facts and circumstances of the particular case, the information:

- (1) has not otherwise been publicly disclosed, and
- (2) either (i) contains information reasonably identified as proprietary information, or (ii) is protected from public disclosure by applicable laws related to confidentiality of proprietary, personal, or other information.

Check here to indicate if you do not want confidential treatment for Exhibit 99.1

Sample Version

For each item that is identified as having information withheld because the submission of such information would cause the applicant to violate a non-U.S. law, include as Exhibit 99.2

- (i) a copy of the relevant portion of the conflicting non-U.S. law;
- (ii) a legal opinion that submitting the information would cause the applicant to violate the conflicting non-U.S. law; and
- (iii) an explanation of the applicant's efforts to seek consents or waivers to eliminate the conflict, if the withheld information could be provided to the Board with a consent or waiver, and a representation that the applicant was unable to obtain such consents or waivers to eliminate the conflict.

The attachments must be in English.

Sample

Version

ITEM 1.5 - EXHIBIT 1.5 - ADDITIONAL OFFICES

LC



OFFICE			
1. PHYSICAL ADDRESS		2. MAILING ADDRESS ē Same as physical address	
1a. Country	CA CR ē ē	2a. Country	CA CR ē ē
1b. Street Address 1	CA CR ē ē	2b. Street Address 1	CA CR ē ē
1c. Street Address 2	CA CR ē ē	2c. Street Address 2	CA CR ē ē
1d. City	CA CR ē ē	2d. City	CA CR ē ē
1e-1. State/Province	CA CR ē ē	2e-1. State/Province	CA CR ē ē
1e-2. Non-U.S. State/Province	CA CR ē ē	2e-2. Non-U.S. State/Province	CA CR ē ē
1f. Zip/Postal Code	CA CR ē ē	2f. Zip/Postal Code	CA CR ē ē

Sample Version