



**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 State Board of Accountancy  
 450 Columbus Blvd, Ste. 801  
 Hartford, CT 06103  
 Email: [dcp.licenseCPA@ct.gov](mailto:dcp.licenseCPA@ct.gov)  
 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)

An applicant may request a waiver from the online mandate by completing this form. Indicate the reason for your waiver request by checking off the appropriate box(s) below, as it applies to your circumstances: Check box(s) (✓):

- ☐ medical reason ☐ online payment issues ☐ no computer/ no access ☐ website error/ login error  
☐ unable to navigate online ☐ other reason(s): \_\_\_\_\_

## **2026 Connecticut CPA Firm Permit Renewal Form**

This renewal is for a CPA Firm Permit that expires on December 31, 2025. Mail the completed forms and the appropriate fee to the address above **no later than December 31, 2025.** All permits expired more than 90 days must reinstate. All fees are non-refundable.

Check (✓) only one:

- ☐ I/We choose to renew the CPA Firm Permit for 2026. The firm has more than one CPA license holder. To renew complete both pages of this renewal and return with a check or money order in the amount of \$150.00 made payable to "Treasurer, State of Connecticut."
- ☐ I choose to renew my CPA Firm Permit for 2026. The firm has only one CPA license holder. **No fee required.** To renew complete both pages of this renewal and return to the address above.
- ☐ I/We choose NOT to renew the CPA Firm Permit to Practice and choose to terminate the firm as I/we are no longer in practice and/or no longer hold an office in the state of Connecticut.
- ☐ I/We choose NOT to renew the CPA Firm Permit and will need to terminate the current practice due to a name and/or form of practice change. I/We will submit the new Firm Permit to practice application with this renewal form. The **In State Firm Permit (SBA-6)** or **Out of State Firm Permit (SBA-6a)** is available on our website, [www.ct.gov/dcp](http://www.ct.gov/dcp).

### **1. Firm Information**

Firm Name			CT Firm Permit Number	
Street Address		City	State	Zip Code
Telephone Number	Email Address (mandatory for all applicants)			

### **2. Other State Licenses**

1. List <b>all</b> jurisdictions in which the firm is practicing public accountancy (abbreviations only): _____	
2. Has the firm ever been denied, revoked, suspended, limited or is any such action pending in any state or jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach a statement of explanation	

### **3. CT Office Locations and Persons in Charge**

List each Connecticut office and provide the name and license number of the individual in charge (attach separate sheet if necessary). Permit holders are required to notify the Connecticut State Board of Accountancy, in writing, within thirty days of any change of e-mail, phone number or location of offices with-in this state and change in the identity of the persons in charge of such offices.

Connecticut Office Address		City	State	Zip Code
Telephone Number	Email Address			
Name of Individual in Charge			License Number	

## CPA FIRM PERMIT RENEWAL FORM Cont.

### 4. Proprietors, Partners and Shareholders

List all proprietors, partners and shareholders of the firm whose principal place of business is in Connecticut, who performs professional services in Connecticut and who works in Connecticut (please attach separate sheet if necessary)

Name of Partners or Shareholders	CT License No.	Name of Partners or Shareholders	CT License No.
_____	_____	_____	_____
_____	_____	_____	_____

### 5. Persons in Charge

List all persons in charge of attest & compilation services rendered in Connecticut (attach separate sheet if necessary)

Name	State & License #	Name	State & CT License #
_____	_____	_____	_____
_____	_____	_____	_____

### 6. Non –Licensee Owners (attach separate sheet if necessary).

Percent of the firm owned by licensees: \_\_\_\_\_ Percent of firm owned by non-licensees: \_\_\_\_\_

Name of Owner(s)	Percent of Ownership	Name of Owner(s)	Percent of Ownership
_____	_____	_____	_____
_____	_____	_____	_____

### 7. Peer Review

Complete this section ONLY if a waiver from a Peer Review in 2025 is being requested.

As required by Section 20-281 of the Connecticut General Statutes all firms subject to Peer Review must file a copy of the Peer Review Report and a copy of the letter of acceptance by an authorized review body to the Connecticut Board within 30 days of acceptance by the review body.

**Failure to provide the Peer Review Report to the Connecticut Board could result in the initiation of discipline and enforcement proceedings.**

On behalf of the firm named in this application, I hereby request that the Peer Review requirement for this firm for 2025 be waived for the following reason:

- ☐ The firm **is not** subject to peer reviews and will not perform audits, reviews, compilations of historical financial statements or examination of prospective financial statements during 2026 and did not perform such engagements in 2025.
- ☐ Military Service
- ☐ Illness (attach copy of doctor's report).
- ☐ Individual hardship or other good cause (please specify in an attached letter)

### 8. Certification

I hereby certify that the information on this form is correct and the statements made herein are true and complete.

\_\_\_\_\_  
Signature of Sole Proprietor, Managing Partner or Officer

\_\_\_\_\_  
Date