



## Quality Review Reschedule and Waiver Form

NAME \_\_\_\_\_

FIRM NUMBER \_\_\_\_\_

### WAIVER REQUEST

The firm does not engage in financial reporting areas of practice, including audits, compilations and reviews

- The firm does not intend to engage in any of said financial reporting areas of practice during the next year.
- The firm agrees to notify the Board of Accountancy if we begin to engage in the financial reporting area of practice immediately upon acceptance of a single audit engagement, or review engagement or compilation engagement.

### RESCHEDULE REQUEST

In order for a firm to be waived from a Peer Review the request must meet one of the options listed Below. Please check the appropriate block which pertains to your request.

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

- The firm will not perform any audits, reviews, compilations of historical financial statements or examination of prospective financial statements during the requested year, and did not perform such engagements in the current year.
- Military Service.
- Illness (attach copy of doctor's report).
- Individual hardship or other good cause (please specify in an attached letter)

The firm agrees to notify the Board of Accountancy if it begins to engage in the financial reporting area of practice immediately upon acceptance of a single audit engagement, or review engagement or Compilation engagement

Signature \_\_\_\_\_ Date \_\_\_\_\_

I do hereby swear under penalty of false statement that the above information is true and correct.