

Section 1 – MEMBER INFORMATION [TO BE COMPLETED BY MEMBER]

(Please check one) ☐ Mr. ☐ Mrs. ☐ Ms. CPA Canada ID #: _____

Last Name: _____ First Name: _____

Email: _____ Phone No.: (_____) _____ - _____

Firm Name: _____

Firm Address: _____

Section 2 – MEMBER DECLARATION [TO BE COMPLETED BY MEMBER]

I, _____, authorize _____,
(name of member) (name of provincial body)
to release information in relation to my application for registration as a professional accounting firm on the basis of my
license/registration to practice in a **recognized provincial regulatory body**.

Member Signature

Date (mm/dd/yyyy)

Section 3 – DETAILS OF LICENSE/REGISTRATION [TO BE COMPLETED BY PROVINCIAL BODY]

We, _____, confirm that:
(name of provincial body)

the above noted **firm** (indicate all that apply):

- ☐ is licensed/registered and in good standing
- ☐ is in compliance with the practice review/inspection program
- ☐ has no discipline matters outstanding
- ☐ has sufficient professional liability insurance to meet the requirements

the above noted **member** (indicate all that apply):

- ☐ is registered and in good standing
- ☐ complies with the Continuing Professional Development requirements
- ☐ has no discipline matters outstanding

The above named firm/member is licensed/registered in the province of _____ to perform the following activities:

- | | |
|--|---|
| <input type="checkbox"/> Audit engagement | <input type="checkbox"/> Accounting services |
| <input type="checkbox"/> Review engagement | <input type="checkbox"/> Business valuation |
| <input type="checkbox"/> Compilation engagement | <input type="checkbox"/> Insolvency |
| <input type="checkbox"/> Specified auditing procedures | <input type="checkbox"/> Advice, interpretation, or filing of tax returns or other statutory information filing |
| | <input type="checkbox"/> Forensic accounting, financial investigation or financial litigation support services |

Section 3 – DETAILS OF LICENSE/REGISTRATION [TO BE COMPLETED BY PROVINCIAL BODY] continued

Date license/registration awarded (mm/dd/yyyy): _____

License/registration valid until (mm/dd/yyyy): _____

Member/firm is under a conditional and/or restricted license/registration (e.g. mentor program, etc.): ☐ Yes ☐ No

If yes, please explain: _____

Please indicate whether the member/firm has ever been the subject of a complaint, investigation, disciplinary proceeding, disciplinary finding, order or settlement in the comment area below. Please indicate if there are any disciplinary actions against this member/firm and whether the member/firm has been restricted/suspended/expelled/terminated for any reason other than non-payment of fees. Please provide any additional information regarding this individual's registration on a separate sheet if necessary.

Comments:

We know of no other reason why registration to provide professional accounting or public accounting services with the Chartered Professional Accountants of Alberta should not be granted. ☐ Yes ☐ No

Name of Authorized Party
(on behalf of provincial body)

Provincial Body

Signature

Date (mm/dd/yyyy)

SUBMIT to CPA Alberta office

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1900 TD Tower, 10088 – 102 Avenue
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Calgary Office

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