## STATE OF HAWAII BOARD OF PUBLIC ACCOUNTANCY

Access this form via website at: cca.hawaii.gov/pvl

## **NOTICE OF ENROLLMENT IN A PEER REVIEW PROGRAM**

(For CPA Firms performing Hawaii attest work **<u>as of</u>** December 31, 2014)

Pursuant to HRS section 466-34(b), <u>CPA firms that perform Hawaii attest work as of December 31, 2014</u> must: (1) enroll in the applicable Peer Review Program of an approved Sponsoring Organization by December 31, 2015, (2) notify the Hawaii State Board of Public Accountancy of enrollment in that program, and (3) have a peer review performed by December 31, 2017.

Permit No.: <b>FPTP -</b>	
Name of CPA Firm:	
Business Address:	
Business Phone No.:	Business Fax No.:
Rusinass a mail Address	
Mailing Address (if different from Business Address):	
Hawaii General Excise Tax (GET) License No.:	
NOTE: If your CDA firm doos not hold a Hawaii G	ET License, you are required to provide a statement that the

**<u>NOTE:</u>** If your CPA firm does not hold a Hawaii GET License, you are required to provide a statement that the firm "does not and shall not have any gross income for engaging in the practice of public accounting in Hawaii". **Attach** this statement to this form.

Date of enrollment in a Peer Review Program:	
Name of Sponsoring Organization:	
Peer Review Due Date assigned by Sponsoring Organization:	

I HEREBY CERTIFY that the above statements and representations made in this "Notice of Enrollment in a Peer Review Program" are true and correct. I understand that any misrepresentation may invalidate this "Notice", and is a misdemeanor. <u>See</u>, HRS sections 710-1017 and 436B-19. I FURTHER CERTIFY that my CPA firm and I have read and agree to comply with all laws and rules that apply to the practice of public accountancy in the State of Hawaii (including but not limited to all applicable Hawaii State general excise tax laws and rules).

SIGNATURE of Firm partner or equivalent

Date

PRINT Name of Firm partner or equivalent