

STATE OF HAWAII  
BOARD OF PUBLIC ACCOUNTANCY

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

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

(For CPA Firms that begin performing Hawaii attest work  
**after** December 31, 2014)

Pursuant to HRS section 466-34(c)(2) and (3), CPA firms that begin performing Hawaii attest work after December 31, 2014 must: (1) enroll in the applicable Peer Review Program of an approved Sponsoring Organization within one year from its initial licensing date or the performance of Hawaii attest work that requires a peer review, and (2) notify the Hawaii State Board of Public Accountancy of enrollment information within one year of the date the Hawaii attest work was first performed. Under HRS section 466-34(c)(4), the CPA firm's initial peer review must be performed within eighteen (18) months of the date the Hawaii attest work was first performed.

Permit No.: **FPTP** - \_\_\_\_\_

Name of CPA Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone No.: \_\_\_\_\_ Business Fax No.: \_\_\_\_\_

Business e-mail Address: \_\_\_\_\_

Mailing Address (if different from Business Address): \_\_\_\_\_

Hawaii General Excise Tax (GET) License No.: \_\_\_\_\_

**NOTE:** *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 that Hawaii attest work was first performed: \_\_\_\_\_

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. See, 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