

**RENEWAL APPLICATION**

DEPT. OF COMMERCE & CONSUMER AFFAIRS STATE OF HAWAII  
 PROFESSIONAL & VOCATIONAL LICENSING DIVISION  
 P.O. BOX 3469, HONOLULU, HI 96801

This form is for the renewal of your license for the next license period, **JAN 16 - DEC 17**.  
 Instructions & information are on the enclosed sheet. **DO NOT USE THIS FORM AFTER DEC 31 17**.

**BOARD OF PUBLIC ACCOUNTANCY**

**FIRM PERMIT TO PRACTICE**

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LICENSEE'S NAME & ADDRESS OF RECORD: PRINCIPAL(S):

LICENSE NO: FPTP -  
 FILE NO:

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By LICENSE EXPIRATION DATE **DEC 31 15**  
 a TOTAL of **\$258.00** is due. <----- **ON-TIME FEE** \*\*\*

AFTER the LICENSE EXPIRATION DATE **DEC 31 15** AND BEFORE **DEC 31 17**,  
 a TOTAL of **\$298.00** is due. <----- **LATE FEE** \*\*\*

Please make check or money order payable to: **COMMERCE AND CONSUMER AFFAIRS (DO NOT MAKE MULTIPLE PAYMENTS)**

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**OTHER REQUIREMENTS DUE or SPECIAL INSTRUCTIONS/INFORMATION:**

**INCOMPLETE APPLICATION WILL DELAY PROCESSING**

TO BETTER ENSURE RECEIPT OF YOUR POCKET ID CARD BY 12/31/15,  
 SUBMIT YOUR RENEWAL BY 12/1/2015.

- ( ) NAME CHANGED? Check here and submit a copy of the name change document.
- ( ) ADDRESS CHANGED? Provide new mailing address below:

**CERTIFICATION:**  
 I HEREBY CERTIFY under penalty and perjury that the statements, answers, and representations made in this renewal application are true and correct. I understand that any misrepresentation is grounds for denial, refusal to renew, revocation, and/or other disciplinary sanctions, and is a misdemeanor (Hawaii Revised Statutes (HRS) sections 436B-19, 466-9, and 710-1017). I FURTHER CERTIFY that I have read and will abide by the provisions of HRS chapters 436B and 466, and Hawaii Administrative Rules chapter 16-71.

For the FPTP license to be renewed, ALL principal CPA and PA's must also be renewed with his/her permit-to-practice. Otherwise, the renewal of the FPTP will be held up.

I also certify that I am a Principal CPA/PA on record with the Firm Permit to Practice license I am renewing. My CPA/PA license is current and valid with a Permit to Practice.  
 Name \_\_\_\_\_ Title \_\_\_\_\_

BE SURE TO READ THE ATTACHED FOR INFORMATION ON A LAW CHANGE THAT AFFECTS CPA FIRMS.

CPA/PA License Number & Issuing Authority

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808)586-3000 to submit your request.

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**TO BE COMPLETED BY LICENSEE (Circle your answers and provide additional information where requested):**

- 1) In the past 2 years has your license in this state or any other jurisdiction been formally disciplined by way of a fine, suspension, restriction, or revocation?..... Yes No
- 2) Are there any disciplinary actions pending against you in this state or any other jurisdiction?..... Yes No
- 3) In the past 2 years have you been convicted of a crime in which the conviction has not been annulled or expunged?..... Yes No

EXPLAIN ANY "YES" RESPONSE ON A SEPARATE SHEET WITH DETAILED INFORMATION AND ATTACH SUPPORTING DOCUMENTS.

I understand that my license expires on the License Expiration Date shown on this form. I understand that if I fail to renew my license by the license expiration date I am unlicensed and shall not practice. I further understand that I may resume practice only after I have met all appropriate restoration requirements.

I certify that the statements contained in this application are true and correct. I understand that misrepresentation is grounds for board refusal to renew or subsequent suspension or revocation of license.

SIGNATURE OF LICENSEE \_\_\_\_\_ DATE \_\_\_\_\_

- HAVE YOU REMEMBERED TO:
- 1) Attach payment.
  - 2) Answer questions.
  - 3) Sign and date application.
  - 4) If applicable, include required documents.

FOR DCCA ACCOUNTING OFFICE ONLY	TOTAL (ON TIME): <b>\$258.00</b>		TOTAL (LATE): <b>\$298.00</b>	
	CRF...002	... 86.00	REN...004	... 172.00
	REN...004	... 172.00	PEN...003	... 40.00
			CRF...002	... 86.00



LICENSE NO: **FPTP**



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JAN 16 - DEC 17

BOARD OF PUBLIC ACCOUNTANCY

FIRM PERMIT TO PRACTICE

L I C E N S E
D A T A

LICENSEE'S NAME & ADDRESS OF RECORD:

PRINCIPAL(S):

(sole owner)

LICENSE NO: FPTP -

FILE NO:

By LICENSE EXPIRATION DATE DEC 31 15
a TOTAL of \$124.00 is due. \*\*\*\*\* ON-TIME FEE \*\*\*\*\*

AFTER the LICENSE EXPIRATION DATE DEC 31 15 AND BEFORE DEC 31 17,
a TOTAL of \$164.00 is due. \*\*\*\*\* LATE FEE \*\*\*\*\*

F E E S

Please make check or money order payable to: COMMERCE AND CONSUMER AFFAIRS (DO NOT MAKE MULTIPLE PAYMENTS)

OTHER REQUIREMENTS DUE or SPECIAL INSTRUCTIONS/INFORMATION:

INCOMPLETE APPLICATION WILL DELAY PROCESSING

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SUBMIT YOUR RENEWAL BY 12/1/2015.

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( ) ADDRESS CHANGED? Provide new mailing address below:

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R E Q U I R E M E N T S

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CPA/PA License Number & Issuing Authority

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B Y
L I C E N S E E

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SIGNATURE OF LICENSEE

DATE

HAVE YOU REMEMBERED TO:

- 1) Attach payment.
2) Answer questions.
3) Sign and date application.
4) If applicable, include required documents.

FOR DCCA ACCOUNTING OFFICE ONLY

TOTAL (ON TIME): \$124.00 TOTAL (LATE): \$164.00
REN...004 ... 124.00 PEN...003 ... 40.00
REN...004 ... 124.00



LICENSE NO:

FPTP

(sole owner)

