

5. PLEASE LIST ALL PROPRIETORS, PARTNERS AND SHAREHOLDERS OF THE FIRM WHOSE PRINCIPAL PLACE OF BUSINESS IS IN CONNECTICUT, WHO PERFORMS PROFESSIONAL SERVICES IN CONNECTICUT AND WHO WORKS IN CONNECTICUT (Please attach separate sheet if necessary)

<u>Name of Partners or Shareholders</u>	<u>CT License No.</u>	<u>Name of Partners or Shareholders</u>	<u>CT License No.</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. PLEASE LIST ALL PERSONS IN CHARGE OF ATTEST & COMPILATION SERVICES RENDERED IN CONNECTICUT (Please attach a separate sheet if necessary).

<u>Name</u>	<u>State & License No.</u>	<u>Name</u>	<u>State & License No.</u>
_____	_____	_____	_____
_____	_____	_____	_____

7. Non-Licensee Owners (Please attach a separate sheet if necessary).

Percent of the firm owned by licensees: _____ Percent of the firm owned by non-licensees: _____

<u>Name of Owner(s):</u>	<u>Percent Ownership%</u>	<u>State & Lic. No. (if applicable)</u>
_____	_____	_____
_____	_____	_____

8. PEER REVIEW (ALSO KNOWN AS QUALITY REVIEW)

As required by Section 20-281 of the Connecticut General Statutes all firms subject to Peer Review must file a copy of the Peer Review Report and a copy of the letter of acceptance by an authorized review body to the Connecticut Board within 30 days of acceptance by the review body.

Failure to provide the Peer Review Report to the Connecticut Board could result in the initiation of discipline and enforcement proceedings.

Complete **only** if a waiver from a Peer Review in 2013 is being requested.

In order for a firm to be waived from a Peer Review in 2013 the following must be completed.

On behalf of the firm named in this application, I hereby request that the Peer Review requirement for this firm for 2013 be waived for the following reason:

- The firm will not perform even one audit, review or compilation of historical financial statements or one examination of prospective financial statements during 2013, and did not perform even one such engagement in 2012.
- Military service.
- Illness (attach copy of doctor's report).
- Individual hardship or other good cause (please specify in an attached letter)

9. I hereby certify that the information on this form is correct and the statements made herein are true and complete.

Signature of sole proprietor, managing partner or officer

Date

****Mail Completed Applications to:**

**Connecticut State Board of Accountancy
Payment Center
P.O. Box 150477
Hartford, CT 06115-0477**

Please do not FAX - Mail Only!

For inquiries or questions: Please call (860) 509-6179 or send via email sboa@ct.gov