

**Office of the Secretary of the State  
Connecticut State Board of Accountancy**



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**Quality Review Reschedule/Waiver Form** (revised 9/14)

Firm Name \_\_\_\_\_ Firm Number \_\_\_\_\_

**WAIVER REQUEST**

In order for a firm to be waived from a Peer Review the request must meet one of the options listed below: Please check the appropriate block which pertains to your request.

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

- The firm will not perform any audits, reviews, compilations of historical financial statements or examination of prospective financial statements during 2015, and did not perform such engagements in 2014.
- Military Service.
- Illness (attach copy of doctor's report).
- Individual hardship or other good cause (please specify in an attached letter)

The firm agrees to notify the Board of Accountancy if it begins to engage in the financial reporting area of practice immediately upon acceptance of a single audit engagement, or review engagement or Compilation engagement.

**RESCHEDULE REQUEST**

Presently scheduled year of review by the State Board \_\_\_\_\_

Proposed rescheduled year of review \_\_\_\_\_

Date of Prior Review \_\_\_\_\_

Copy of the last Quality Review report attached

Reason for reschedule \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I do hereby swear under penalty of false statement that the above information is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_