

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Accountancy**  
**Application for CPA Sole Proprietor Firm**  
**Form # DBPR CPA 5**

**IMPORTANT – Submit all items as indicated by the instructions below with your application to ensure faster processing.**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.*

APPLICATION FEE
<p><b>ALL License Applicants must submit:</b></p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> <li>• \$50 (payable to Department of Business and Professional Regulation)</li> </ul>

**Please mail your completed application, application fee and required documentation to:**

Department of Business and Professional Regulation  
2601 Blair Stone Rd  
Tallahassee, FL 32399

Eligibility Questions	Answer
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a current active Florida CPA license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a United States Social Security or Federal Employer Identification Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own 100% of the business entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you using your given name in the firm's name?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**1) Requirements for CPA Sole Proprietor Firm Licensure**

- a) Applicant must hold a current active Florida CPA license in order to qualify as a CPA sole proprietor firm.
- b) This application is for sole proprietor (single owner) certified public accounting firms only.
- c) Sole proprietor certified public accounting firms may not use Inc., LLC, PA, etc., in their firm name as it is misleading to the public.
- d) If you are registered with the Division of Corporation as a corporation or partnership, please use Form # DBPR CPA 4 Application for CPA Firm instead of this form.

For more information regarding the requirements, please refer to Chapter 61H1, Florida Administrative Code and Chapter 473, Florida Statutes. Links are located on the board's website under [Statutes and Rules](#).

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<b>CPA Firm Application Type</b> Select one of the following:
<input type="checkbox"/> <b>Initial Sole Proprietor CPA Firm [0102/1032]</b> <input type="checkbox"/> <b>Sole Proprietor Name Change or Transfer [0102/3021]</b>

<b>FIRM NAME CHANGE</b>	
A name change is required when a firm wishes to change their firm name; add, remove or alter their DBA name. (Complete <u>only</u> if you selected the "Name Change or Transfer" transaction above.)	
Previous Firm Name:	Firm License Number:

<b>LICENSED CPA INFORMATION</b>			
Last Name	First	Middle	Suffix
License Number		Tax Identification Number	

\*The disclosure of your social security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



**CPA SOLE PROPRIETOR FIRM INFORMATION**

If using a DBA, the DBA must be registered with the Department of State, Division of Corporation as a fictitious name.

CPA Firm Name

Doing Business As (DBA)

**BUSINESS LOCATIONS ADDRESS**

Must be a physical address

Street Address

City

State

Zip Code (+4 Optional)

County (if Florida address)

Country

**MAILING ADDRESS (if different than Business Location Address)**

Street Address or P.O. Box

City

State

Zip Code (+4 Optional)

County (if Florida address)

Country

**BUSINESS CONTACT INFORMATION**

Enter the name of the contact person for the firm. This should be an officer, partner, or member manager of the firm able to answer questions regarding this application.

Contact Name

Phone Number

Email Address

**ADDITIONAL CONTACT INFORMATION (OPTIONAL)**

Alternate Phone Number

Alternate Email Address

**FLORIDA CPA LICENSEHOLDERS WITH THE FIRM**List all Florida CPAs that are working with the firm or if none, check none:  None

Name

License Number

Name

License Number

**AFFIRMATION BY WRITTEN DECLARATION**

Applicant must sign the affirmation by written declaration

I have read and understand the Florida Accountancy Law and Rules pertaining to the registration and operation of a CPA firm in the State of Florida. In particular, we have become familiar with Sections 473.309 and 473.3101, Florida Statutes, and Rules 61H1-26.001, 26.002, 26.003, and 26.004, Florida Administrative Code. It is understood that, in accordance with Rule 61H1-26.004, Florida Administrative Code, we will send written confirmation within thirty (30) days of ANY changes affecting our firm's practice in the State of Florida.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Signature

Print Name

Date