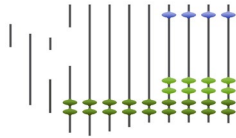


**Request to Dissolve
CPA Firm License Form**



Board of Accountancy
WASHINGTON STATE

Firm Name: _____ Firm License#: _____
Contact Name: _____
Mailing Address: _____ Primary Phone # (_____) _____

Phone Type (cell, home, or work) _____
City, State, Zip: _____ Secondary Phone # (_____) _____
Email: _____ Phone Type (cell, home, or work) _____

DISSOLUTION DATE

I wish for my CPA firm license dissolution to be effective: Immediately On Expiration Date

CERTIFICATION

Since your last application with the Board, have you received sanctions, disciplinary action or other restriction, charges, or notice of investigation undertaken by any federal, state, local, or foreign jurisdiction regulatory body? This includes, but is not limited to, any agency that relates to accountancy such as the SEC, PCAOB, IRS, or other state board of accountancy Yes No

If you answered "Yes", have you previously reported this to the Board? Yes No

If not previously reported, you must include a signed explanation with this renewal.

I declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true, correct, and complete.

All required sections of this application have been completed (incomplete applications cannot be processed).

Managing Licensee Name: _____ License Number: _____ State: _____

Signature: _____ Date: _____

Customer Service:
Phone: (360) 753-2586
Email: customerservice@acb.wa.gov

Mailing Address:
PO Box 9131
Olympia, WA 98507

THE BOARD ADVISES YOU TO KEEP COPIES OF ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS.

Please be advised: The Washington State Board of Accountancy is required to comply with the Public Records Act, Chapter 42.56 RCW. The information you submit to the Board may ultimately be subject to disclosure as a public record.