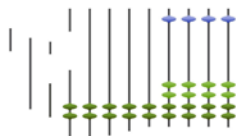


Request to Dissolve
CPA Firm License
Form



Board of Accountancy
WASHINGTON STATE

I wish for my dissolution to be: Effective Immediately Effective on the License Expiration Date

NO FEE

FIRM INFORMATION

Firm Name: _____ Firm #: _____

Mailing Address (*Street, City, State, and Zip code*):

Daytime Phone: (_____) _____

Email: _____

CERTIFICATION SECTION – To be completed by the proprietor or managing licensee of the main office

I certify that:

- While my CPA firm license is dissolved, I will not offer any attest or compilation services.
- I will not use the title CPA or Certified Public Accountants, CPA firm, or any other title tending to indicate the firm is a CPA firm.
- The information on this form is complete and accurate.

Signature: _____

Date: _____

Mail to: PO Box 9131, Olympia, WA 98507
Email to: customerservice@acb.wa.gov

Phone: (360) 753-2586

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.