

I apply for renewal of my Public Practice Licence and confirm as follows:

Licence Category:

- My licence category is _____
- I understand any limitations on the services permitted under this licence category.

If you wish your licence category to be changed, please [apply for a licence category change](#). If you have questions regarding any of the above, please contact publicpracticelicensing@bccpa.ca.

Practice Profile update

Please select either option **A** or option **B**. If you select option A, you must check off at least one area.

A) ☒ I have performed engagements in the following areas within the last three years:

	Please check the box if you have completed and issued any engagements in the last 3 years	Indicate number of engagements completed and issued in the last 12 months . (If you have checked off that you have done work in the last three years, but have not done any in the last 12 months, please enter "0" below (do not leave blank))
Audit – Public Companies?	<input type="checkbox"/>	
Audit – Private Companies?	<input type="checkbox"/>	
Audit – Not for Profit?	<input type="checkbox"/>	
Audit – First Nations	<input type="checkbox"/>	
Audit – PSAB Municipality & Other?	<input type="checkbox"/>	
Review?	<input type="checkbox"/>	
Trust Accountant's Report?	<input type="checkbox"/>	
Special Reports?	<input type="checkbox"/>	
Compilation?	<input type="checkbox"/>	
Tax - T2	<input type="checkbox"/>	
Tax - T1	<input type="checkbox"/>	
Tax - Other	<input type="checkbox"/>	N/A
Bookkeeping	<input type="checkbox"/>	N/A
Valuation (if not issued by a CBV)	<input type="checkbox"/>	
FOFI / Projections	<input type="checkbox"/>	
Forensic Accounting	<input type="checkbox"/>	N/A
Consulting & Other	<input type="checkbox"/>	N/A

B) ☐ I have performed no engagements in any of the above areas within the last three years.

Appointment of Assisting Accountant – completion of **A** or **B** required

As a sole practitioner:

A) ☐ I hereby appoint, or re-confirm my appointment of, the member named below, who is currently licensed for public practice in my province and has agreed to be appointed, as my Assisting Accountant, to be responsible for returning client records in the event of my death or incapacity. Please update the fields below if changes have been made or if not complete.

***Name of CPA practitioner appointed:**

***Phone Number of CPA practitioner appointed:**

B) ☐ I authorize, or re-confirm my authorization of, CPABC to appoint a member in good standing holding a public practice licence as an Assisting Accountant in the event of my death or incapacity.

Emergency Contact Information

In the event of death or incapacity, the Assisting Accountant will need access to client records. I advise that the appropriate emergency contact for office keys/access is the following person (e.g. spouse, close friend):

***Contact Name:**

Relationship:

***Contact Phone:**

Contact Email:

Locality

* Do you have operations or clients outside of BC, within Canada? For Yukon practitioners, do you have operations or clients outside of Yukon? (BC members do not need to select BC, Yukon members do not need to select Yukon).

☐ Yes ☐ No

* Do you provide services to Washington State clients?

☐ Yes ☐ No

* Do you provide services to International clients, including US states other than Washington State clients?

☐ Yes ☐ No