

### Form 3 Application for New Public Practice Licence

Form 3 is to be used by members who are applying for a public practice licence under Part 7 of the Bylaws of the Organization of Chartered Professional Accountants of British Columbia (CPABC) or a member, who is an employee that has overall engagement responsibility where your activities are included in the definition of public practice, and as such, are subject to practice review.

#### Part A: To be completed by all applicants

Applicant name: \_\_\_\_\_

CPABC Membership number or CPA Canada Membership Number \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

\_\_\_\_\_

Firm's Business Telephone: \_\_\_\_\_

Firm's Business Fax: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

Website: \_\_\_\_\_

1. Firm name under which practice is to be conducted: \_\_\_\_\_

\_\_\_\_\_

2. Please indicate the type of licence you are applying for (select one):

- Audit (public companies)
- Audit (private or not for profit)
- Review
- Compilation
- Other Regulated Services – Reviewable (Tax)
- Other Regulated Services– Non-Reviewable

Please note that each public practice licence category includes the services of the licence(s) listed below it.

3. I have previously been registered/licensed in public practice in British Columbia:

- Yes, year deregistered/licence cancelled \_\_\_\_\_
- No, this is my first registration/licence

4. Has a finding or determination been previously made by a committee of CPABC, a legacy body, a provincial CPA body or a provincial legacy body that the applicant was incompetent or unfit to practise, committed professional misconduct, engaged in conduct unbecoming a member, or

contravened the Act, bylaws or Rules of Professional Conduct or corresponding legislation, bylaws, or rules?

- Yes       No

If yes, please provide particulars: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Has the applicant ever been convicted of a criminal offence or a violation of the provisions of any securities legislation in effect in any jurisdiction?

- Yes       No

If yes, please provide particulars: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Attached to this application for assessment is the following:

- Public Practice Licence Application Payment receipt
- Application for Authorized Practicing Office (Form 2)
- Completed Public Practice Experience Assessment (Legacy CGA members with public practice experience)
- Completed Assisting Accountant form for members intending to be sole practitioners
- Copy of CGA transcript for Legacy CGA members
- Brief working history résumé
- A detailed list of all professional development courses taken in the last 3 years.
- A list of services to be provided

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I, \_\_\_\_\_, the undersigned, certify that the information contained in this application is true and complete.

\_\_\_\_\_  
Signature of applicant

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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### Privacy

The personal information requested in this form is collected under the authority of the *Chartered Professional Accountants Act of British Columbia* and the Organization's bylaws, for the purpose of regulating the profession and administering the practitioner licence process in accordance with the *Act* and the CPABC's bylaws, bylaw regulations, and code of professional conduct. Questions about the CPABC's collection and use of personal information may be directed to the CPABC's Privacy Officer. Contact details for our Privacy Officer can be found at [www.bccpa.ca](http://www.bccpa.ca) under "Privacy Policy".