

MISSISSIPPI OFFICE of THE STATE AUDITOR
CPA/CPA Firm Registration Form

NOTES:

1. CPAs/CPA firms must register annually with the Office of the State Auditor.
 2. If a CPA firm has multiple offices, each office wishing to be included on the list must register.
 3. To be included on the list of registered CPAs/CPA firms, all prior contract audits under the purview of the Office of the State Auditor must have been submitted within the contract requirements.
 4. Registration forms will not be processed by the Office of the State Auditor prior to November 1 preceding the calendar year of registration.
 5. Registration forms received by the Office of the State Auditor during a calendar year will be processed within 15 days of receipt and the CPA/CPA firm will be placed on the list of registered CPAs/CPA firms if warranted.
 6. Being placed on the Office of the State Auditor's list of registered CPAs/CPA firms in no way assures a CPA/CPA firm of being awarded a contract by a state agency or local government.
 7. The maintenance of a list of registered CPAs/CPA firms by the Office of the State Auditor in no way affects the method used by a state agency or local government to select an auditor.
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I (We) desire to be included on the Office of the State Auditor's calendar year _____ list of CPAs/CPA firms offering audit services to state agencies and local governments of the State of Mississippi:

CPA/CPA Firm: _____

Contact Person: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

OFFICE OF THE STATE AUDITOR USE ONLY

Date Received: _____ **Processed By:** _____

Approved:

Denied:

**Date of Approval
or Denial** _____

**Director,
Department of Audit:** _____

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1. If a CPA firm, does the firm have a CPA firm permit from the Mississippi State Board of Public Accountancy to practice in the State of Mississippi?
(Miss. Code Ann. Section 73-33-1 (1972)).

Yes No N/A

If yes, CPA Firm Permit Number: _____

2. Provide a list of employees who may be working on governmental audits during the year.

NAME	POSITION	TOTAL YEARS OF EXPERIENCE	YEARS OF GOVERNMENTAL AUDIT EXPERIENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet if Necessary)

3. If applicable, are employees listed above in good standing with the Mississippi State Board of Public Accountancy and the American Institute of Certified Public Accountants?

Yes No

If No, please identify the employee and explain reason:

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CPA/CPA Firm Registration Form – Attachment 1

4. Have all employees listed above met the CPE requirements as required by *Government Auditing Standards*?

Yes No

If No, please identify the employee and explain reason why not met:

5. If a CPA firm, is the firm in good standing with the Mississippi State Board of Public Accountancy?

Yes No

If No, please explain reason:

6. Have you or the CPA firm, if applicable, been disciplined by any regulatory, federal or state Jurisdiction?

Yes No

If Yes, please provide name of jurisdiction, date, reason and resolution:

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7. Have you had an external quality control review (peer review) conducted as required by *Government Auditing Standards* and the Mississippi State Board of Public Accountancy?

Yes No

If Yes, date of most recent review: _____

If No, when is the next review planned: _____

(NOTE: A copy of your most recent external quality control review (peer review), including the letter of comments and letter of response, must accompany this form.)

THE ABOVE INFORMATION IS ACCURATE, TO THE BEST OF MY KNOWLEDGE:
(Submission of incomplete or inaccurate information could result in the individual or firm being removed from the listing.)

Signature of CPA/CPA Firm's Representative: _____

Printed Name: _____

Date: _____

Please Submit:

1. Completed application
2. Copy of your most recent external quality control review (peer review), including the letter of comments and letter of response (if applicable)

To: Office of the State Auditor
Director, Department of Audit
P.O. Box 956
Jackson, MS 39205

Fax To: 601-576-2687

Email To: cpareg@osa.ms.gov