DISTRICT OF COLUMBIA

RESPONSIBLE INDIVIDUAL FORM FOR REINSTATEMENT OF THE PARTNERSHIP / CORPORATION

This supplemental form must be completed in order to designate a Certified Public Accountant as the responsible individual in the Partnership/Corporation in the District of Columbia.

Add a Responsible Individual: This request will add the licensee (Certified Public Accountant) to the firm's list of employees and designate him/her as a responsible individual.

A. Partnership/Corporation:

1. Partnership/Corporation License Number:

2. Partnership/Corporation Fein #:

3. Partnership/Corporation Name:

(As it appears on the "DC Certificate of Qualification")

4. PARTNERSHIP/CORPORATION ADDRESS:

CITY ST ZIP CODE

Authorized Corporate Officer Signature

Print Name

Officer Title

Date

B. Responsible Individual Information:

1. CPA License Number: / / 20 Expiration Date

2. Name:

(As it appears on DC License)

Responsible Individual Signature

Print Name

Corporate Title

Date

C. Cancel a Responsible Individual:

This is a request to cancel the licensee as the firm's responsible individual.

1. CPA License Number:

2. Name:

(As it appears on DC License)

Authorized Corporate Officer Signature

Print Name

Officer Title

Date

Cancellation Date_____