

## Application for Pre-Approval of Firm Name for a Partnership or Sole Proprietorship

This application is for members seeking pre-approval for a firm name prior to making an application for registration. The proposed firm name approval may only be used for matters related to obtaining a registered firm, such as obtaining a certificate of registration from the Registry of Joint Stock Companies, obtaining professional liability insurance and other registration requirements under CPA Nova Scotia By-laws.

### Instructions

1. Submission of this application will initiate the review by the Registration Committee to pre-approve a registered partnership or sole proprietorship firm name. The firm name must be consistent with the Registered Firm Name Policy.



Application for Pre-Approval of Firm Name  
for a Partnership or Sole Proprietorship

Firm name:

The proposed name of the firm in accordance with the naming policy is:

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Member or Registered Professional Corporation Partner in the  
Proposed Firm / Firm Representative:

Member Name or Professional Corporation:

Address:

	Phone (work):
Phone (Home):	Email:

All Other Members or Registered Professional Corporation Partners in the Firm:

Member Name or Professional Corporation:

Address:

	Phone (work):
Phone (Home):	Email:

Member Name or Professional Corporation:

Address:

	Phone (work):
Phone (Home):	Email:

Member Name or Professional Corporation:

Address:

	Phone (work):
Phone (Home):	Email:

*(If there are additional partners (either members or registered firms) in the proposed partnership, please attach a complete listing to the application.)*



1. Type of Services to be Offered (check all that apply):

Public Accounting – Audit \_\_\_\_\_

Public Accounting – Review \_\_\_\_\_

Regulated Services – Compilation \_\_\_\_\_

Regulated Services – Tax \_\_\_\_\_

Regulated Services – Accounting Services \_\_\_\_\_

(other than bookkeeping)

Regulated Services – Other, please specify \_\_\_\_\_

2. Please state how many designated CPAs will be working at the proposed firm: \_\_\_\_\_

3. Please state how many professional accounting staff and accounting technicians (designated or non-designated) will be working at the proposed firm on professional engagements: \_\_\_\_\_

4. Please confirm that the Registered Firm Name Policy has been reviewed by initialing here: \_\_\_\_\_

5. If the above is a non-personal firm name, please provide a description/reason for the proposed new firm name. (Attach a separate sheet if more space is required.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The member applying as the firm representative, declares that the information contained in this application is true and complete.

Firm Representative Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Please scan and email the completed form to [lmcguire@cpans.ca](mailto:lmcguire@cpans.ca) attention: Lori McGuire.