



# New Jersey Office of the Attorney General

Division of Consumer Affairs  
New Jersey State Board of Accountancy  
124 Halsey Street, 6th Floor, P.O. Box 45000  
Newark, New Jersey 07101  
(973) 504-6380



## Peer Review Enrollment

Firm name \_\_\_\_\_

Firm registration number (20CB00????00 or 20CZ00????00) \_\_\_\_\_

Address of practice \_\_\_\_\_  
Street address City State ZIP code

Business telephone \_\_\_\_\_ Extension \_\_\_\_\_ FAX number \_\_\_\_\_  
(include area code) (include area code)

Firm e-mail address \_\_\_\_\_

*In accordance with N.J.A.C. 13:29-5.4 et seq., participation in the Peer Review Program (Program) is required of each firm licensed with the New Jersey State Board of Accountancy (Board) that performs any attest service or any accounting and/or auditing engagements including audits, reviews, compilations, forecasts, projections or special reports. A firm that issues only compilations where no report is required under the Statements on Standards for Accounting and Review Services (SSARS) is not required to participate in the program.*

The following must be completed for firms subject to participation in the Board's Peer Review Program:

I, \_\_\_\_\_, certify or affirm that:  
Resident Manager-in-Charge (Print clearly)

1. I am responsible for the overall management of the above-named firm.
2. I have direct knowledge or have satisfied myself that I have complete understanding of the types of services provided by the firm.
3. I have reviewed and understand the requirements of N.J.A.C. 13:29-5.1 et seq.
4. I have reviewed the firm's work product for the last 12-month period, and have determined that the firm is subject to participation in the Board's Peer Review Program.
5. The firm's sponsoring organization is: \_\_\_\_\_

(The listing of qualified sponsoring organizations can be found at [www.aicpa.org/interestareas/peerreview/community/links/statesocietiesandneprlinks.html](http://www.aicpa.org/interestareas/peerreview/community/links/statesocietiesandneprlinks.html)).

\_\_\_\_\_  
Signature of Resident Manager-in-Charge

\_\_\_\_\_  
Personal CPA License number

\_\_\_\_\_  
Today's date