



California Board of Accountancy
2450 Venture Oaks Way, Suite 300
Sacramento, CA 95833

phone: (916) 263-3680 fax: (916) 263-3675 web: www.cba.ca.gov



PEER REVIEW PROGRAM PROVIDER
CONTACT INFORMATION

Please provide all requested information listed below. The public contact information will be posted on the Board's Web site with the list of Board-recognized peer review program providers. Please send written notification to the Board if there are changes to any contact information.

PUBLIC CONTACT INFORMATION

Name of Organization:

Address:

City: State: Zip Code:

Telephone Number: Fax Number:

Toll-Free Number (if available):

Web site address (if available):

Name and title of contact person to be placed on approval list:

The information in the gray-shaded box below is for Board use only, and will not be placed on the Board's Web site.

Internal Use Only section containing fields for Name, Telephone Number, E-mail Address, Address where correspondence should be sent, City, State, and Zip Code.



California Board of Accountancy
2450 Venture Oaks Way, Suite 300
Sacramento, CA 95833

phone: (916) 263-3680 fax: (916) 263-3675 web: www.cba.ca.gov



PEER REVIEW PROGRAM PROVIDER
CERTIFICATION AND COMPLIANCE AGREEMENT

This agreement must be signed and returned with all materials evidencing compliance with
Section 48 of the California Board of Accountancy Regulations.

I certify that the statements, answers, and representations in this agreement, the application material, and
any supplemental statements, are true and accurate, including the following:

- 1. I have read Article 6 of the California Board of Accountancy Regulations specifying the requirements
for receiving Board recognition to administer peer reviews in California and agree to comply with
requirements pertaining to providers, provider recognition and minimum requirements.
2. I authorize the California Board of Accountancy and its Peer Review Oversight Committee to review
relevant records to ensure compliance with the requirements of Article 6.
3. I certify that the supplemental materials accompanying the application are designed in compliance
with Section 48 of the California Board of Accountancy Regulations, and authorize the Board or its
designee to review the materials to ensure compliance.
4. As the provider, I agree to be the responsible party for all administered peer reviews.
5. I agree to comply with the provisions of Section 17500 of the Business and Professions Code,
Division 7, Part 3, Chapter 1, regarding false or misleading advertising.
6. I am the program provider representative authorized to sign this Certification and Compliance
Agreement.

Peer Review Program Provider

Authorized Signature

Date

Print or Type Name

Position

Company