IDFPR
Illinois Department of
Financial and Professional Regulation
Division of Professional Regulation

**CPA FIRM
RESOLUTION OF THE BOARD
FORM**

- Illinois law requires that a managing CPA be named for a CPA firm license to be issued in Illinois. The managing CPA is the individual who acts in responsible charge for the specified profession.
- A CPA firm may name multiple licensees for the same profession but at least one must be named.
- Use of this form is required when appointing a new managing CPA.
- All parts of this form must be completed for it to be accepted.
- Please use a separate form if appointing multiple managing CPA.
- Questions regarding this form may be direct to FPR.LMU@Illinois.gov

PART I – CPA FIRM INFORMATION

NAME OF CPA FIRM	IL. CPA FIRM NUMBER (if currently registered)	IDFPR STAMP USE ONLY
BUSINESS EMAIL ADDRESS	FEIN NUMBER (or SSN for sole proprietor)	

PART II – OFFICIAL RESOLUTION OF THE BOARD

The _____ of _____,
(Directors/Members/Partners)   (Firm Name)

designate _____ who is licensed as a CPA
(Name of licensee)

under _____,   and a full-time employee of the above named firm,
(License Number)

as the managing CPA in charge of all the activities in Illinois for the CPA profession.

PART III – CERTIFICATION OF BOARD OF DIRECTORS/MEMBERS/PARTNERS

Each member of the CPA firm Board or a designated appointee of the company must certify the managing CPA resolution.
You may include a separate sheet if additional names are necessary.

I/We hereby certify the information reported herein is true and correct to the best of my/our knowledge and will comply with requests for further information from the department if needed.

NAME	TITLE	SIGNATURE	DATE
NAME	TITLE	SIGNATURE	DATE
NAME	TITLE	SIGNATURE	DATE
NAME	TITLE	SIGNATURE	DATE

PART IV – MANAGING CPA CERTIFICATION

I certify that I am a full-time employee of the business organization, licensed for the profession in which the organization plans to offer services for and understand I will be in Responsible Control of said services for the respective profession in Illinois.

_____   _____   _____
Printed Name   Signature   Date