ORDRE DES COMPTABLES PROFESSIONNELS AGRÉÉS DU QUÉBEC

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Request to surrender a public accountancy permit

Part 1 Personal information

First name | Last name

Mailing address | Apt./Suite

City | Province | Postal code | Country

Telephone (home) | Telephone (work) | Ext. | Co ntact email

CPA member No. | Public accountancy permit No. A

Part 2 Declaration

I, the undersigned, hereby surrender my public accountancy permit for the following reasons:

I understand that the consequences of surrendering my public accountancy permit are the following:

- loss of the title of auditor;
- prohibition on holding myself out or presenting myself as an auditor, including in telephone directories, on websites and social media, in emails, and on business cards and stationery;
- loss of the right to provide assurance services, which include performing review and audit engagements;
- loss of the privilege of serving as a mentor, program leader or training employer in public accounting.

I understand that by surrendering my public accountancy permit as well as the right to provide assurance services and use the title of auditor, I may be subject to complaints before the Disciplinary council if I continue to hold myself out or present myself as a CPA auditor or perform assurance activities (issue audit reports or review engagement reports).

Should I wish to obtain a new public accountancy permit, I will have to submit an application for recognition in view of obtaining a public accountancy permit [PDF], pay the required fees and satisfy the conditions under the *CPA Act* and the *Regulation respecting the public accountancy permit*.

Part 3 Signature

I hereby attest that I have read and understood the implications of this request to surrender my public accountancy permit.

Signature **(compulsory)** | Date YYYY MM DD

Please return this duly completed and signed form by email at tableaucpa@cpaquebec.ca.