

- ◆ Please type or print clearly.
- ◆ All questions must be answered completely.
- ◆ Please DO NOT use pencil.
- ◆ Principal of the firm must sign supplement.

Applicant or Firm Name \_\_\_\_\_

1a. Client Industry	# of Audit Clients	Estimated Audit Fees	# of clients with assets over \$5,000,000	# of clients with Net Loss for last fiscal year
a. Agribusiness		\$		
b. Broker/Dealers		\$		
c. Construction		\$		
d. Entertainment Services		\$		
e. Government/Municipal		\$		
f. Manufacturing		\$		
g. Mining/Oil & Gas		\$		
h. Not-For-Profit		\$		
i. Real Estate Development/Mgmt		\$		
j. Retail		\$		
k. Pension Plans / .ERISA		\$		
l. Other- (please describe)		\$		

1b. For any audit client with assets over \$5,000,000 and a net loss for two years running:  
Has a going concern been issued?  Yes  No  
If NO please explain why not. \_\_\_\_\_

2. Please complete the following for each professional engaged in audit services:

Name	Years of Industry experience	Audit Related CPE Courses within past 3 years

3. a. Does your firm have a written policy on audit-related CPE training, including required courses and CPE hours per year specific to audit services?  Yes  No
- b. Does a second qualified professional review all audit work papers and the audit report prior to sign off and release of audit report? *If yes please list this person under # 2 above*  Yes  No
- c. Are you using PPC audit checklists or similar practice aids?  Yes  No
- d. Do your firm's client acceptance procedures pertaining to audit engagements require sign-off by a second partner or committee prior to accepting a new engagement?  Yes  No

4. Within the past three (3) years has the applicant firm or any member of the firm rendered audit services for Defined Benefit Pension Plans?  Yes  No

If Yes, please provide the following information for each engagement involving a Defined Benefit Plan:  
(attach and number (e.g. 2 of 3, 3 of 3) additional pages as necessary).

Client Name	Client 1	Client2	Client 3
Dates of Service Mo /Yr to Mo / Yr			
% of Company Stock in Plan			
Plan Assets at Fair Value (\$)			
Projected Benefit Obligation ( \$)			
Total Equity of Company or Consolidated Group as of Mo / Yr			
Plan Actuary (Name) Include website address if available			

5. Please complete the following for each professional engaged in audit service of the above plans.

Name	Years of industry experience specific to Defined Benefit Plans	Relevant CPE courses within the past 3 years related to Defined Benefit plans

\_\_\_\_\_  
Signature of Owner, Officer or Partner

Date Signed \_\_\_ / \_\_\_ / \_\_\_