

Nebraska Board of Public Accountancy PO Box 94725 Lincoln, NE 68509 (402)-471-3595 www.nbpa.nebraska.gov

PEER REVIEW EXEMPTION FORM

Name of Firm:		
Name of Responsible Party:		
Firm Address:	City/State/Zip:	
Email:	Phone #	
	REQUIRED professional services your firm will be performi	
For firms that do not perform professions exemption from the Nebraska Board of Pu (check one):	al services subject to peer review: The above mentioned fir ublic Accountancy's peer review requirements because of the	m requests an e following:
A. The firm has never issued and review standards.	d any financial reports in accordance with professional audit	ing, accounting
	ngagements resulting in the issuance of financial reports in accounting and review standards, but does not have any such	
	AGREEMENT	
auditing, accounting and review standards, the organization within 12 months of the perform to provide the NBPA with proof of enrollment	nent resulting in the issuance of a financial report in accordance with the firm agrees to 1) enroll in the peer review program of a NBPA apparance of its first audit, review or agreed upon procedure engagemes and peer review due date as determined by the sponsoring organics a peer review within 18 months of the year-end of the engagement	proved sponsoring nt. 2) Firm agrees zation within 30
I hereby certify to the truthfulness for the	e above statement and representations.	
Printed Name	Signature	——————————————————————————————————————