



**NEW MEXICO FIRM PERMIT CANCELLATION FORM**

**FIRM INFORMATION** (Please Print Clearly)

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Owner/Manager Name

\_\_\_\_\_  
CPA License No.

\_\_\_\_\_  
Firm Permit No.

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Location Address (If different than mailing)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Web Site

- Do not wish to renew** - The firm has dissolved or is no longer in practice.
- Do not wish to renew** – This is an out of state firm that falls under the jurisdiction of firm mobility.

**OATH**

**To be signed by the certificate or license holder who is responsible for the proper registration of the firm.**

I certify under penalty of perjury that all statements, claims and representation made in this application are true and correct to the best of my knowledge and belief, and affirm that I must abide by the 1999 New Mexico Public Accountancy Act, Sections 61-28B-1 et. seq. and all rules and regulations of the New Mexico Public Accountancy Board.

\_\_\_\_\_  
Printed Name (Print Clearly)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature (Duly Authorized Licensee)

\_\_\_\_\_  
Date