**APPLICATION FOR PLACEMENT/RENEWAL ON THE ROSTER OF INDEPENDENT AUDITORS**

## AUTHORIZED TO CONDUCT AUDITS OF MONTANA LOCAL GOVERNMENT ENTITIES

The period from July 1, 2025, through June 30, 2026

Firm Name: Firm Name

Address: Mailing Address

 City, State, Zip Code

Telephone #: xxx-xxx-xxxx E-Mail Address: Firm or Auditor

Section 2-7-506, MCA, and the Administrative Rules of Montana require that public accountants conducting audits of Montana local government entities under the provisions of Title 2, Chapter 7, Part 5, MCA, apply and be accepted for placement on a roster of independent auditors authorized to conduct such audits that the Department of Administration maintains. Required qualifications for placement or renewal on the roster can be found in [ARM 2.4.406](http://www.mtrules.org/gateway/ruleno.asp?RN=2%2E4%2E406). Please provide the following information:

**Date of Last External Quality Control Review or Peer Review:** Enter Date Here

**Period Covered by that Review:** Beginning Date - Beginning Date

**Attach copies of (1) the review report (opinion letter) and (2) the acceptance letter from the peer review administrative agency or body.**

If an external quality control review or peer review has yet to be conducted for your firm within the past three years, indicate below the planned date of your initial or next review and the period the review will cover.

**Date of Planned External Quality Control Review or Peer Review:** Enter Date Here

**Period Covered by that Review:** Beginning Date - Ending Date

Public accountants applying for placement or renewal on the roster must pay the Department an annual fee of $100. Complete this form and return it with your check in the amount of **$100.00** made payable to **“Local Government Services Bureau”** to:

Montana Department of Administration

Local Government Services Bureau

PO Box 200547

Helena, MT 59620-0547

I certify that the above information is true and correct to the best of my knowledge and belief and that this firm meets the criteria for inclusion on the roster specified in the Administrative Rules of Montana.

**Signature of Partner, Shareholder, or Other Authorized Representative**  **Date**

**Printed Name and title of Firm Authorized Representative**  **Date**

Is your firm interested in being pre-qualified to submit proposals for audits of State agencies contracted for by the Legislative Audit Division? [ ]  Yes [ ]  No

Indicate if your firm specializes in, and/or exclusively conducts audits for certain types of local governments (ex: School Districts, Housing or Airport Authorities) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Department of Administration estimates it will take approximately five days to process and act on a correctly completed application form for placement/renewal on the roster of independent auditors authorized to conduct audits of Montana’s local government entities.

ATTACHMENT I

Section 2.4.406 of the Administrative Rules of Montana requires an independent auditor to meet the continuing education requirements specified in Government Auditing Standards to be eligible for inclusion on the Roster.

The following individuals with this firm will be involved in audits of Montana’s local governments. **(**Use additional sheets if necessary.) **NOTE:** Indicate the State in which the individual is licensed, if not in Montana.

Click here to enter name. [ ] CPA State

 Name (check if licensed CPA)

Click here to enter name. [ ] CPA State

 Name (check if licensed CPA)

Click here to enter name. [ ] CPA State

 Name (check if licensed CPA)

Click here to enter name. [ ] CPA State

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Click here to enter name. [ ] CPA State

 Name (check if licensed CPA)

Click here to enter name. [ ] CPA State

 Name (check if licensed CPA)

(NOTE: If requested, each individual should maintain documentation to support their continuing education credits and submit copies of this documentation to the Department of Administration.)

I certify that all individuals above meet the continuing professional education requirements of *Government Auditing Standards* and ARM 2.4.406.

Enter Name Here

**Name of Public Accountant or Public Accounting Firm**

**Signature of Partner, Shareholder, or Other Date**

**Printed Name of authorized signer for Public Accountant or Public Accounting Firm Date**