

**OKLAHOMA ACCOUNTANCY BOARD (OAB)
4545 North Lincoln Boulevard, Suite 165
Oklahoma City, OK 73105-3413
(405) 521-2397**

DUE DATE: JUNE 2, 2008

(Firm Name)

(Address)

(City) (State) (Zip Code)

TOTAL FEE FOR FIRM REGISTRATION AND PERMIT RENEWAL IS \$150.00

Firm Registration

1. Type of Entity:

CPA PA

2. Type of Firm:

General Partnership

Professional Limited Partnership/Professional Limited Liability Partnership

Professional Corporation

Professional Limited Liability Company

Firm Office(s)

3. List separately each office of the firm that serves Oklahoma clients. Line "a" should be for the office which is to receive the documents needed to renew the registration and the permit to practice public accounting for the firm each year.

Street Address City, State and Zip	Mailing Address (if different from street address)	Telephone Number	Name of Designated Manager
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a _____

b _____

c _____

4. Does every CPA and PA on your staff, who practices in Oklahoma, or serves Oklahoma clients hold a valid Oklahoma permit to practice or practice through substantial equivalency? ___Yes ___No **If no, please attach a written explanation.**

5. Since the firm's previous registration has any partner/shareholder/member/owner of the firm or the firm had a permit or its equivalent denied, revoked or suspended from practice by any Federal or State regulatory authority or foreign country or are any charges or investigations pending at this time? ___Yes ___No **If yes, please attach a written explanation.**

6. List all partners, shareholders, members or owners that reside in Oklahoma as well as all non-resident partners, shareholders, members or owners who come into Oklahoma to serve clients. The list needs to include the individuals' Oklahoma CPA certificate/PA license numbers, or designate that the individual(s) are serving Oklahoma clients through substantial equivalency.

7. List other public accounting firm(s) with which this firm or any of the listed partners, shareholders, members or owners have ownership or affiliation.

8. Please indicate all types of work which the firm is engaged in or intends to be engaged in **by answering "yes" or "no"** to each. **DO NOT INDICATE BY CHECK MARK.**

Attest Services _____ Compilations _____ Management Advisory Services _____ Investment Counseling _____
 Tax Return Preparation _____ Financial Planning _____ Tax Planning _____ Other: _____

9. Does the firm perform: Audits? _____ Yes _____ No Reviews? _____ Yes _____ No

10. Does the firm perform audits for Oklahoma governmental entities? _____ Yes _____ No
 If yes, has the firm filed the Registration Form for Independent Auditors Engaged in Audits of Governmental Entities as required? _____ Yes _____ No

11. Has your firm had a system or engagement peer review? _____ Yes _____ No

12. If "Yes" to Question 11, provide the date of the peer review year end of the most recent peer review submitted to the OAB

13. If "No" to Question 11, provide the engagement date of the first audit or review engagement performed after June 30, 2004

If applicable and/or if not previously provided to the OAB, attach the appropriate peer review documents as provided below.

Unmodified Reports (with or without comments)	Adverse or Modified Reports
<input type="checkbox"/> Peer Review Report <input type="checkbox"/> Final Letter of Acceptance from the Sponsoring Organization	<input type="checkbox"/> Peer Review Report <input type="checkbox"/> Letter of Comments <input type="checkbox"/> Letter of Response <input type="checkbox"/> Signed Agreement to the Conditional Letter of Acceptance <input type="checkbox"/> Final Letter of Acceptance from the Sponsoring Organization <input type="checkbox"/> \$100 Peer Review Report Fee
Peer Review Enrollment Confirmation**	
<input type="checkbox"/> Confirmation from approved Sponsoring Organization showing proof of enrollment in a peer review program. Enrollment is required within one year of the first audit or review engagement performed after June 30, 2004. (Not necessary if submitting peer review)	

I certify that all the information provided on this registration and application for permit is true and correct and I have not omitted or suppressed any information which would have any bearing on the registration.

Signature _____
 Partner/Shareholder/Member/Owner

_____ Date

E-mail Address (Optional) _____

Please be aware that most information provided to the OAB is considered an open record and may be released, except where such release is specifically prohibited by the Oklahoma Accountancy Act, the Oklahoma Open Records Act, or the Federal Privacy Act (i.e., social security numbers, transcripts, examination grades, etc.).