

OKLAHOMA ACCOUNTANCY BOARD

4545 North Lincoln Blvd., Suite 165

Oklahoma City, OK 73105-3413

APPLICATION FOR WAIVER OF REGISTRATION FEE

I hereby apply for waiver of my annual registration fee as provided by the Oklahoma Accountancy Act because I became disabled on _____ to a degree precluding all gainful employment. (Date)

I understand that if this application for waiver of fees is approved I will be carried on the records of the Oklahoma Accountancy Board as not active until such time as I notify the Board in writing that my status has changed. I agree that during the period I am on waiver of fee status with the Board I will not be gainfully employed and I will not hold out to the public or practice public accounting. If my status should change, I agree to notify the Board in writing immediately.

I further understand that before I may commence practice again I must:

- (1) Amend my registration with the Board and pay the registration fees;**
- (2) show evidence to the Board of the completion of 40 hours of continuing professional education taken within the preceding 12-month period prior to my re-entry into public accounting;**
- (3) make application for a permit to practice;**
- (4) pay the permit fee.**

Submit a letter from your physician with this form attesting to disabled status.

Signature

Date