

**OKLAHOMA ACCOUNTANCY BOARD**  
201 NW 63<sup>rd</sup> Street, Suite 210  
Oklahoma City, OK 73116  
Ph. (405) 521-2397 Fax (405) 521-3118  
[okaccybd@oab.ok.gov](mailto:okaccybd@oab.ok.gov)

**CHANGE REPORTING FORM**

Pursuant to Section 15.14.H of the Oklahoma Accountancy Act, all changes of employment or mailing address shall be reported to the Board within thirty (30) calendar days of such changes becoming effective.

<b>STATUS:</b>	<input type="checkbox"/> CPA	<input type="checkbox"/> PA	<input type="checkbox"/> EXAM CANDIDATE
<b>CHANGE TYPE:</b>	<input type="checkbox"/> *NAME	<input type="checkbox"/> ADDRESS	<input type="checkbox"/> EMPLOYER

Certificate/License Number/Candidate Number: \_\_\_\_\_

Name (name on record with OAB): \_\_\_\_\_  
First Middle Last Lineage (Sr., Jr. II, III)

**NAME CHANGE**

New Name: \_\_\_\_\_  
First Middle Last Lineage (Sr., Jr. II, III)

\*NOTE: To change your name on record with the OAB, a **certified copy** of your marriage license, divorce decree or court order must accompany this form.

**ADDRESS CHANGE**

New Mailing Address (please provide city, state and zip code): \_\_\_\_\_

**PHONE / EMAIL CHANGE**

Daytime Ph: (\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_

Email (Optional): \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

**EMPLOYMENT CHANGE**

Name of New Employer: \_\_\_\_\_

New Employer Ph. / Address (please provide city, state and zip code): (\_\_\_\_) \_\_\_\_\_

I understand that I must properly complete and submit this form before any changes to my record can be made.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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- FOR OAB USE ONLY -

VERIFIED BY: \_\_\_\_\_ DATA ENTRY BY: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_

SPECIAL REMARKS: \_\_\_\_\_