

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

**DUE DATE: JUNE 1, 2009**

\_\_\_\_\_  
(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 mobility? \_\_\_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 mobility.

\_\_\_\_\_

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.

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

Unmodified (with or without comments) or Pass Reports	Modified, Pass With Deficiencies, Adverse or Fail 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 attest that all of the information I have provided on this form is true and correct. I further attest that all certified or licensed persons employed by the firm who practice public accounting in Oklahoma (i.e. work on client records) or enter Oklahoma from another state to serve clients hold an Oklahoma CPA certificate or PA license and a valid individual Permit to Practice Public Accounting issued by the OAB unless entering Oklahoma under mobility.**

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.).*