

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

**DUE DATE: MAY 31, 2007**

\_\_\_\_\_  
(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
---------------------------------------	--	---------------------	-------------------------------

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\*

5. Since the firm's previous registration has any partner/shareholder/member 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

6. List all partners, shareholders, or members that reside in Oklahoma as well as all non-resident partners, shareholders, or

members 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 SE notification.

7. List other public accounting firm(s) with which this firm or any of the listed partners, shareholders, or members 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 governmental audits for Oklahoma 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 peer review? \_\_\_\_\_Yes\* \_\_\_\_\_No\*\*

12. \*\* If "No," Provide the date of the first audit or review engagement performed after June 30, 2004 \_\_\_\_\_  
If applicable, attach the *peer review enrollment confirmation* form indicating proof of enrollment in a Board approved Sponsoring Organization's peer review program.

\* If "Yes," attach the applicable peer review documents if not previously provided to the OAB:

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

\_\_\_\_\_ 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.).*