

**OKLAHOMA ACCOUNTANCY BOARD**  
 201 N.W. 63<sup>rd</sup> St., Ste. 210, Oklahoma City, OK 73116  
 Ph. (405) 521-2397

**AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION  
 AND LICENSURE INFORMATION**

This form is essential to your application. Before your application will be accepted for processing you must have certain information verified by the board of accountancy in the state where you took the Uniform CPA Examination. **Please complete the initial portion of this form and forward it to the board of accountancy where examination credits and/or status as a CPA were first established. That board will then complete the remainder of this form (Section A-C) and return the form to you so you may file it as a part of your application.** You may wish to check with the other board before forwarding this form to determine whether they have additional requirements or a fee for processing this request. Any fee must be paid by the applicant.

**THIS SECTION TO BE COMPLETED BY THE APPLICANT (Please type or print legibly).**

Mr.  
 Ms.  
 Mrs. \_\_\_\_\_

Last Name	First Name	Middle Name	Maiden Name
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Current Mailing Address	CPA Certificate Number (If Applicable)
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City	State	Zip Code
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Telephone (during normal business hours)	Date of Birth	Social Security Number
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**I hereby request and authorize the \_\_\_\_\_ Board of Accountancy to provide all information requested by this form to the Oklahoma Accountancy Board to complete an application I will be filing with that agency.**

_____ Applicant's Signature	_____ Date Signed
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**SECTIONS A THRU C ARE TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY**

**Section A: VERIFICATION OF EXAMINATION CREDITS**

The following are grades earned on the Uniform CPA Examination by the applicant named above, as reported by the AICPA Advisory Grading Service and approved unchanged by this Board. (Please use Section C of this form to explain if any of the grades were changed; if an exam other than the Uniform CPA Examination was used; or if there is any reason why the grades should not be accepted). If continuation sheets are used, please sign and seal each sheet. **Please list all grades including failing grades on all sittings recorded for applicant**

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<u>Date of Examination</u>	<u>AICPA ID Number</u>	AUDIT AUD <u>Audit</u>	BEC LPR <u>(Business Law)</u>	FARE <u>(Theory)</u>	REG ARE <u>(Practice)</u>
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1. Was the applicant ever denied admission to the examination? \_\_\_\_ Yes \_\_\_\_ No  
 (If yes, please explain in Section C)
2. If the applicant has not completed the CPA Examination, are there any restrictions preventing him/her from sitting in your state? \_\_\_\_ Yes \_\_\_\_ No (If yes, please explain in Section C)
3. Number of subjects in which candidate presently holds conditional credit, if any \_\_\_\_\_
4. Date credits/grades expire, if any \_\_\_\_\_

5. Does applicant hold a CPA certificate in your state? \_\_\_\_ Yes \_\_\_\_ No **If so, complete Section B.**

**SECTION B: CERTIFICATE AND LICENSE/PERMIT STATUS**

**Part I: Certificate as a Certified Public Accountant**

1. The applicant holds an original CPA Certificate as indicated which is in good standing unless otherwise noted in Section C of this form

\_\_\_\_\_ CPA Certificate Number \_\_\_\_\_ Date of Issue

2. Has there ever been any disciplinary action taken against the applicant? \_\_\_\_ Yes \_\_\_\_ No  
(If yes, please explain in Section C)

**Part II: License/Permit to Practice Public Accounting**

(If licensing is the responsibility of another agency, please forward this form and request completion of the applicable section)

1. Has this applicant ever been authorized to practice public accounting in your state? \_\_\_\_ Yes \_\_\_\_ No

2. Expiration Date of Current License/Permit: \_\_\_\_\_

3. If the applicant does not hold a license by your Board, please indicate the requirement(s) to be met for issuance or reinstatement of the permit:

\_\_\_\_\_ License/permit not required for this applicant

\_\_\_\_\_ Pay appropriate fee and/or post bond

\_\_\_\_\_ Complete acceptable accounting/auditing experience

\_\_\_\_\_ Satisfy continuing professional education requirements

Other (please specify): \_\_\_\_\_  
\_\_\_\_\_

**SECTION C: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED**

(Board seal and official signature must be affixed to any continuation sheets used)

The information provided herein is correct to the best of our knowledge

**BOARD SEAL**

\_\_\_\_\_  
Board/Agency

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date