Randall A. Ross, CPA
Executive Director

OKLAHOMA ACCOUNTANCY BOARD
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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.

STATUS: ☐ CPA ☐ PA ☐ EXAM CANDIDATE ☐ FIRM

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 ☐ Industry ☐ Governemtent/Education ☐ Public Accounting*

Name of New Employer: _____

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

_____

* NOTE: Individuals serving Oklahoma clients must hold a valid permit to practice public accounting.

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

SIGNATURE: _____ DATE: _____

– FOR OAB USE ONLY –

VERIFIED BY: _____ **DATA ENTRY BY:** _____ **DATE ENTERED:** _____

SPECIAL REMARKS: _____