



Randall A. Ross, CPA
Executive Director

OKLAHOMA ACCOUNTANCY BOARD
201 NW 63rd Street, Suite 210
Oklahoma City, OK 73116
Ph: (405) 521-2397 Fax: (405) 521-3118
www.ok.gov/oab

REQUEST FOR PIN

This form is solely for the purpose of acquiring a PIN to login and complete one of the applications listed below via the online portal. After submitting this request you will receive your PIN via e-mail within 1-2 working days.

Please check only one box below

APPLICATION:	<input type="checkbox"/> Qualification Application (apply to qualify to sit for CPA Exam) <input type="checkbox"/> Transfer of Examination Credits previously earned <input type="checkbox"/> Reciprocal Application <input type="checkbox"/> Individual Registrant <input type="checkbox"/> Initial Firm Registration
---------------------	--

INDIVIDUAL APPLICANTS

Full Name: Mr./Ms./Mrs. _____
First
Middle
Last
Lineage (Sr., Jr. II, III)

DOB: _____ (mm/dd/yyyy) Email Address: _____

FIRM APPLICANTS

Organization Name (Firm): _____ State: _____

FEIN (Firm): _____ Email Address: _____

CONTACT INFO

Mailing Address: _____

City/State/Zip Code: _____

Designated Manager (Firm): _____

Primary Ph: _____ Secondary Ph: _____

I understand that I must complete and submit this form before I can utilize any online services provided by the Oklahoma Accountancy Board. Electronic signatures are acceptable.

SIGNATURE: _____ DATE: _____