



Randall A. Ross, CPA  
Executive Director

OKLAHOMA ACCOUNTANCY BOARD  
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## NAME CHANGE REPORTING FORM

**To change your name on record with the OAB, a copy of your marriage license, divorce decree or court order must accompany this 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. Please complete an Address Change Reporting Form in conjunction with Name Change Form, if the any of this information has changed.

<b>STATUS:</b> <input type="checkbox"/> CPA # _____ <input type="checkbox"/> PA # _____ <input type="checkbox"/> EXAM CANDIDATE
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**Name currently on record with the OAB:** \_\_\_\_\_  
First                      Middle                      Last                      Lineage (Sr., Jr. II, III)

**New Name:** \_\_\_\_\_  
First                      Middle                      Last                      Lineage (Sr., Jr. II, III)

**I am a CPA/PA who would like a duplicate CPA/PA certificate printed to reflect the new name:** YES  NO

If yes, please include the following:

- ✓ return the original certificate/license with this form;
- ✓ submit a fee of \$10.00 to cover the cost of reissuing the certificate/license;
- ✓ print your name exactly how you like for it to read on the new certificate:

\_\_\_\_\_

(Name on Certificate)

**PLEASE NOTE:** *The certificates issued by the Board are computer generated and may be smaller than your original certificate. The duplicate certificate will show the date that the written request and the fee for the duplicate certificate were received by the Oklahoma Accountancy Board as the date that the certificate was "Given at the State Capital of Oklahoma . . . ." The duplicate certificate will bear a notation at the bottom, "Duplicate of Certificate No. \_\_\_\_\_ dated \_\_\_\_\_ " and will bear the signatures of the current members of the Board.*

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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 - FOR OAB USE ONLY -  
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VERIFIED BY: \_\_\_\_\_ DATA ENTRY BY: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_

SPECIAL REMARKS: \_\_\_\_\_