



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

ENFORCEMENT INVESTIGATOR APPLICATION

(Individual Name) (Certificate & Permit Number)

(Email)

(Primary Phone) (Secondary Phone)

(State of OK Vendor ID if Applicable)

PART I: INFORMATION OF RECORD

Do you practice for a public accounting firm registered in Oklahoma? Yes No

Business Name: _____

Business Address: _____
Address City State Zip Code

OAB Firm Number (if applicable):# _____

Oklahoma Permit Number (if applicable):# _____

PART II: AREAS OF EXPERTISE

Do you have any experience performing accounting investigations? If so, please explain. Yes No

(Please attach additional pages if necessary)

Check all areas of expertise for which you are competent to perform investigations:

- General Audit Government Audits Tax Forensic Accounting Compilation & Review
- Business Valuation Services

PART III: ATTESTATION

	Yes	No
Have any of the following events ever occurred <u>that have not been previously reported to the OAB:</u> (a) have you been arrested; (b) have you been charged with a crime or are any charges against you pending at this time; (c) have you pled guilty or nolo contendere to any charge(s); (d) have you been convicted of a crime? If yes to any of these questions, attach a signed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
Have you been disciplined or had a CPA certificate, PA license or practice privilege of any other jurisdiction or foreign country cancelled, revoked, or suspended; have you been refused licensing or renewal of a license or permit by any regulatory agency; or are any disciplinary actions pending at this time? If yes, attach a signed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any professional credential cancelled, revoked or suspended by enforcement action that has not been previously reported to the OAB? If yes, attach a signed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
I attest that all the information that I have provided is true and correct.	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Date: _____