Randall A. Ross, CPA
Executive Director

OKLAHOMA ACCOUNTANCY BOARD
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FIRM REGISTRATION RENEWAL FORM

For Board Use Only

(Firm Name) _____

(Address) _____

(City) _____ (State) _____ (Zip Code) _____

FORM & FEE MUST BE RECEIVED BY JUNE 30, 2014
TOTAL FEE FOR FIRM REGISTRATION AND PERMIT RENEWAL IS $150.00

TYPE OF ENTITY:

- ☐ CPA
- ☐ PA

TYPE OF FIRM:

- ☐ General Partnership
- ☐ Professional Limited Partnership/Professional Limited Liability Partnership
- ☐ Professional Corporation
- ☐ Professional Limited Liability Company
- ☐ Sole Proprietorship (With no office in this state)

1. List separately each office of the firm that serves Oklahoma clients. Line "a" should be for the office which is to receive the documents needed to renew the registration and the permit to practice public accounting for the firm each year.

	Street Address City, State and Zip	Mailing Address (if different from street address)	Telephone Number	Designated Manager
a				
b				
c				

2. Does every CPA and PA on your staff, who practices in Oklahoma or serves Oklahoma clients, hold a valid Oklahoma permit to practice or practice through mobility? ☐ Yes ☐ No **If no, please attach a written explanation.**

3. Since the firm's previous registration has the firm or any partner/shareholder/member/owner of the firm had a permit or its equivalent denied, revoked or suspended from practice by any Federal or State regulatory authority or foreign country or are any charges or investigations pending at this time? ☐ Yes ☐ No **If yes, please attach a written explanation.**

4. List all partners, shareholders, members or owners that reside in Oklahoma as well as all non-resident partners, shareholders, members or owners who come into Oklahoma to serve clients. The list needs to include the individuals' Oklahoma CPA certificate/PA license numbers, or designate that the individual(s) are serving Oklahoma clients through mobility. **If practicing through mobility, please include state and certificate or license number.**

_____

_____

5. % of CPA Ownership: _____ (If 100%, you may skip Question #6)

6. Do any Non-CPA owners reside in Oklahoma? ☐ Yes ☐ No **If yes, please attach a written explanation.**

7. List other public accounting firm(s) with which this firm or any of the listed partners, shareholders, members or owners have ownership or affiliation:

_____

_____

8. Please indicate all types of work which the firm is engaged in or intends to be engaged in by checking all that apply:

☐ Attest services ☐ Compilations ☐ Tax return preparation ☐ Tax planning services ☐ Investment Services
☐ Financial planning ☐ Consulting Services ☐ Management Advisory Services ☐ Bookkeeping Services
☐ Litigation Support Services ☐ Other Accounting Services: _____

9. Does the firm perform attestation engagements? ☐ Yes ☐ No
(i.e. Audits, Reviews, or Agreed Upon Procedures)

10. Does the firm perform compilation engagements? ☐ Yes ☐ No

11. Does the firm perform attestation engagements for Oklahoma governmental entities? ☐ Yes ☐ No

12. Is the firm enrolled in an OAB approved peer review program? ☐ Yes ☐ No
**If you have not already done so, submit the firm's most recent peer review by secure electronic means or by mail.*

13. If **"No"** to Question 12, provide the engagement date of the first attestation engagement performed: _____**.

*** Pass Reports**	*** Pass with Deficiencies or Fail Reports**
☐ Peer Review Report ☐ Final Letter of Acceptance from the Sponsoring Organization	☐ Peer Review Report ☐ Letter of Comments ☐ Letter of Response ☐ Signed Agreement to the Conditional Letter of Acceptance ☐ Final Letter of Acceptance from the Sponsoring Organization ☐ $100 Peer Review Report Fee
**** Peer Review Enrollment Confirmation**	
☐ Enrollment in an OAB approved peer review program is required within 12 months of performing initial audit or review engagement.	

I attest that all of the information I have provided on this form is true and correct. I further attest that all certified or licensed persons employed by the firm who practice public accounting in Oklahoma (i.e. work on client records) or enter Oklahoma from another state to serve clients hold an Oklahoma CPA certificate or PA license and a valid individual Permit to Practice Public Accounting issued by the OAB unless entering Oklahoma under mobility.

Signature_____
Partner/Shareholder/Member/Owner Date

E-mail Address: _____

Please be aware that much of the information provided to the OAB is considered an open record and may be released, except where such release is specifically prohibited by the Oklahoma Accountancy Act, the Oklahoma Open Records Act, or the Federal Privacy Act (i.e., social security numbers, transcripts, examination grades, etc.).