

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

9. 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: _____

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

11. Does the firm perform compilation engagements? Yes No

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

13. 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.*

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

* Pass Reports	* Pass with Deficiencies or Fail Reports
<input type="checkbox"/> Peer Review Report <input type="checkbox"/> Final Letter of Acceptance from the Sponsoring Organization	<input type="checkbox"/> Peer Review Report <input type="checkbox"/> Letter of Comments <input type="checkbox"/> Letter of Response <input type="checkbox"/> Signed Agreement to the Conditional Letter of Acceptance <input type="checkbox"/> Final Letter of Acceptance from the Sponsoring Organization <input type="checkbox"/> \$100 Peer Review Report Fee
** Peer Review Enrollment Confirmation	
<input type="checkbox"/> 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 _____ Date _____
Partner/Shareholder/Member/Owner

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.).