Ashley Plyushko, 0 Executive Director	CPA		-	OMA ACCOUNTANCY BOARD 201 NW 63 rd Street, Suite 210 Oklahoma City, OK 73116 5) 521-2397 Fax: (405) 521-3118 www.ok.gov/oab
	ADDRESS CHAN	GE REPORTIN	g form	
Pursuant to Section 15.14.H or reported to the Board within the Board with				or mailing address shall be
CPA Certificate	PA License 🗌 Exam Can	didate		
Certificate/License or Canc	idate ID Number:			_
Name (name on record with	n OAB): First	Middle	Last	Suffix (Sr., Jr. II, III)
ADDRESS CHANGE				
New Mailing Address (pleas	se provide city, state and zip	code):		
Mailing Address 1:				
Mailing Address 2:				
City/State/Zip Code:				
Country:				
PHONE / EMAIL CHANGE				
Primary Ph:	Second	lary Ph:		
Email:				
Fax No:				
Signature:		I	Date:	
Please be aware that most ir where such release is specific Federal Privacy Act (i.e., soci	cally prohibited by the Oklah	oma Accountancy	Act, the Oklahon	na Open Records Act, or the
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VERIFIED BY:	DATA ENTRY BY:	DATE EN	TERED:	
SPECIAL REMARKS:				