	Ashley Plyushko, CPA Executive Director	A		-	DMA ACCOUNTANCY BOARD 201 NW 63 <sup>rd</sup> Street, Suite 210 Oklahoma City, OK 73116 521-2397 Fax: (405) 521-3118 www.ok.gov/oab
ADDRESS CHANGE REPORTING FORM					
		the Oklahoma Accounta / (30) calendar days of su			or mailing address shall be
CPA/F	PA 🗌 Candidate	e 🗌 Firm			
Certificate/	License or Candid	ate ID Number:			
Name (nar	me on record with (	DAB): First			
		First			Suffix (Sr., Jr. II, III)
i iiii Naine	·				
ADDRESS CHANGE					
New Mailing Address (please provide city, state and zip code):					
Mailing Address 1:					
Mailing Ad	dress 2:				
City/State/2	Zip Code:				
Country: _					
PHONE / EMAIL CHANGE					
Primary Ph	ו:	Secon	dary Ph:		
Email:					
Fax No:					
Signature:				Date:	
where such	release is specifical		homa Accountancy	Act, the Oklahom	nd may be released, except a Open Records Act, or the reports).
– FOR OAB USE ONLY –					
VERIFIE	ED BY:	_DATA ENTRY BY:	DATE ENT	ERED:	
SPECIA	L REMARKS:				