



Ashley Plyushko, CPA  
Executive Director

OKLAHOMA ACCOUNTANCY BOARD  
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## 2024 FIRM REGISTRATION RENEWAL FORM

\_\_\_\_\_  
(Firm Name) (Firm License Number, If Known)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

For Board Use Only

**FORM & FEE MUST BE RECEIVED BY JUNE 30, 2024**  
**TOTAL FEE FOR FIRM REGISTRATION AND PERMIT RENEWAL IS \$200.00**

**TYPE OF FIRM:**

CPA  
 PA

**TYPE OF ENTITY:**

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.

Mailing Address (City, State and Zip) Phone 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 the total number of CPA/PAs on staff (do not include contract employees): \_\_\_\_\_
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: \_\_\_\_\_

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 10. Did the firm perform an attestation engagement last year (Audit, Review or Agreed Upon Procedure)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Did the firm perform an audit of an Oklahoma government entity/public school last year?<br><small>*Registrants must submit OAB Form R011 Application for Government Auditor List prior to engaging to perform an audit of an Oklahoma government entity/public school.</small> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is the firm currently enrolled in a Board approved administering entity's peer review program?<br><small>*If you have not already done so, submit the firm's most recent peer review by secure electronic means or by mail.</small>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. If 'Yes' to #12, enter the firm's AICPA Firm Number: _____   |                          |                          |

* 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 \_\_\_\_\_  
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.).*