



6. % of CPA Ownership: \_\_\_\_\_ (If 100%, you may skip Question #7)
7. Do any Non-CPA owners reside in Oklahoma?  Yes  No **If yes, please attach a written explanation.**
8. List the total number of CPA/PAs on staff (do not include contract employees): \_\_\_\_\_
9. List other public accounting firm(s) with which this firm or any of the listed partners, shareholders, members or owners have ownership or affiliation:  
 \_\_\_\_\_  
 \_\_\_\_\_
10. 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: \_\_\_\_\_
11. Did the firm perform an attestation engagement last year (Audit, Review or Agreed Upon Procedure)?  **Yes**  **No**
12. Did the firm perform an audit of an Oklahoma government entity/public school last year?  **Yes**  **No**  
*\*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.*
13. Is the firm currently enrolled in a Board approved administering entity's 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 'Yes' to #13, 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.).*