

OKLAHOMA ACCOUNTANCY BOARD 201 NW 63rd Street, Suite 210 Oklahoma City, OK 73116 Ph: (405) 521-2397 Fax: (405) 521-3118 www.Oklahoma.gov/oab

RETIRED CERTIFICATE STATUS APPLICATION

| Full Name | |
|---|---|
| Address | |
| | |
| Phone # | Email Address |
| | For Board Use Only |
| F | RT I: APPLYING FOR RETIRED CERTIFICATE STATUS – REQUIRED |
| Certificate/License | |
| Oklahoma Accouractors of the Okmy status has cligainfully employed accounting. If my I have retired from the oklahoma in the | or waiver of my registration fee and Continuing Professional Education as provided by the ncy Act. I understand that if this application for waiver is approved, I will be carried on the forma Accountancy Board as not active until such time as I notify the Board in writing that ged. I agree that during the period I am on Retired status with the Board I will not be an accounting or non-accounting role and I will not hold out to the public or practice public atus should change, I agree to notify the Board in writing immediately. all forms of employment effective (mm/dd/yy) stand that before I return to the workforce I must: gistration with the Board; rn to Active Status requirement; ion for a permit to practice (if applicable); sable fee(s). |
| | PART II: ATTESTATION - REQUIRED |
| subject to and wi | the information that I have provided is true and correct. I further understand that I am bide by the Oklahoma Accountancy Act, the Board's rules, and the American Institute of ountants' Code of Professional Conduct. I further attest that I do not hold myself out A to the public and any use of the CPA designation must be accompanied by (Ret.) or |
| Signature: | Date: |
| specifically prohibited | nformation provided to the OAB is considered an open record and may be released, except where such release he Oklahoma Accountancy Act, the Oklahoma Open Records Act, or the Federal Privacy Act (i.e., social security nation grades, peer review reports). |

OAB FORM R020

Rev. 10/2024