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Executive Director

OKLAHOMA ACCOUNTANCY BOARD
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OUT-OF-STATE NON-INCORPORATED SOLE PROPRIETORSHIP FIRM REGISTRATION/REPORTING FORM

COMPLETE ALL INFORMATION REQUIRED ON THIS FORM AND SUBMIT TO THE OAB WITH LETTER OF GOOD STANDING ISSUED BY LICENSING AUTHORITY FOR THE STATE IN WHICH THE OWNER IS CERTIFIED/LICENSED.

PART I: INFORMATION OF RECORD – REQUIRED

Changes of firm structure, ownership or mailing address **MUST** be reported to the OAB within 30 days of the change.

1. Practice Name: _____

2. Owner Name: _____

3. Owner CPA Certificate No.: _____ 4. Certifying State: _____

5. Office Mailing Address: _____

Office Telephone No.: _____ - _____ FAX No.: _____ - _____

E-mail Address: _____

6. Number of CPAs employed by the sole proprietorship: _____

7. Date the firm will begin providing services to Oklahoma clients: _____

- | | Yes | No |
|--|-------|-------|
| 8. Have any of the following events ever occurred <u>that have not been previously reported to the OAB</u> :
(a) have you been arrested; (b) have you been charged with a crime or are any charges against you pending at this time; (c) have you pled guilty or nolo contendere to any charge(s); (d) have you been convicted of a crime? If yes to any of these questions, attach a signed explanation. | _____ | _____ |
| 9. Have you been disciplined or had a CPA certificate, PA license or practice privilege of any other jurisdiction or foreign country cancelled, revoked, or suspended; have you been refused licensing or renewal of a license or permit by any regulatory agency; or are any disciplinary actions pending at this time? If yes, attach a signed explanation. | _____ | _____ |
| 10. Have you had any professional credential cancelled, revoked or suspended by enforcement action that has not been previously reported to the OAB? If yes, attach a signed explanation. | _____ | _____ |

PART II: ACCOUNTING SERVICES PERFORMED - REQUIRED

11. Please indicate all types of work which you engaged in or intend to engage 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: _____

PART III: PEER REVIEW INFORMATION – REQUIRED

12. Do you perform attestation engagements? Yes No

13. Do you perform compilation engagements? Yes No

If “No” to Question 12 or 13, you may skip to Part IV

14. Does the firm perform attestation engagements for Oklahoma governmental entities? Yes No

15. Is the firm enrolled in an OAB approved 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.*

16. If “No” to Question 15, provide the engagement date of the first attestation engagement performed: _____**.

*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.	

PART IV: ATTESTATION - REQUIRED

17. 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.

_____ Date

_____ Daytime Telephone

_____ E-mail Address

_____ Additional Telephone (Optional)

PART V: FEE SCHEDULE

18. Firm Registration and Permit Fee

_____ I am submitting a total fee of \$200. Make check or money order payable to OAB.

Please be aware that most 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, peer review reports).