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OKLAHOMA ACCOUNTANCY BOARD  
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## FIRM REINSTATEMENT APPLICATION

One registration satisfies the registration requirement for all offices of the firm (Oklahoma Accountancy Act, Section 15.15A).

**Section 15.15 of the Oklahoma Accountancy Act (Law) specifies that the Board shall register any firm seeking to provide professional services to the public. All such registrations shall expire on the last day of June of each year and may be renewed annually for a period of one (1) year by registrants in good standing upon filing the registration and upon payment of the annual fee not later than June 30 of each year. A firm whose registration is automatically revoked pursuant to this section may be reinstated by the Board upon payment of a fee to be set by the Board.**

**Proof that the firm is in good standing with the Oklahoma Secretary of State must accompany this form (Law: Section 15.15A[B][3]).** Proof consists of a plain copy of a Certificate of Good Standing from the Secretary of State.

### ANSWER ALL QUESTIONS OR INDICATE "N/A"

1. \*Name of firm: \_\_\_\_\_  
**\*Must be exactly as shown on the Professional Certificate issued by the Oklahoma Secretary of State.**

Mailing address: \_\_\_\_\_  
(Address) (City) (State) (Zip)

2. Percentage of ownership held by non-CPAs: \_\_\_\_\_

3. List the total number of CPA/PAs on staff (do not include contract employees): \_\_\_\_\_

4. If this firm has ownership or affiliation with another public accounting firm, please indicate below.  
\_\_\_\_\_  
\_\_\_\_\_

5. Date the firm will begin providing service to Oklahoma clients: \_\_\_\_\_

6. Names of all officers, directors and shareholders/members (owners) who are a resident of Oklahoma

**If an officer, show beside each name the title of the specific office held; indicate directors by "D" and shareholders/members by "S"; indicate non CPA shareholders/members by "N-CPA":**

Names of Resident Officers, Directors and Shareholders/Members      Oklahoma CPA Certificate No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use continuing sheets if necessary)

7. Does the firm perform attestation engagements\*? \_\_\_\_ Yes \_\_\_\_ No  
 (\*This includes, but is not limited to, the performance of audits, reviews and agreed upon procedures)
8. Does the firm perform compilations? \_\_\_\_ Yes \_\_\_\_ No
9. Does the firm perform audits for governmental entities/public schools? \_\_\_\_ Yes \_\_\_\_ No
10. Has your firm had a peer review? \_\_\_\_ Yes\* \_\_\_\_ No\*\*
11. If "No" to Question 10, provide the engagement date of the first audit or review engagement performed:  
 \_\_\_\_\_ (Not applicable if you only perform compilations).

If applicable, attach the *peer review enrollment confirmation* form indicating proof of enrollment in a Board approved Sponsoring Organization's peer review program.

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.	

12. Please check all types of work in which the firm is engaged:

- |                             |                           |                            |
|-----------------------------|---------------------------|----------------------------|
| ____ Attest Services        | ____ Compilations         | ____ Advisory Services     |
| ____ Tax Return Preparation | ____ Tax Planning         | ____ Investment Counseling |
| ____ Financial Planning     | ____ Consulting           | ____ Management Services   |
| ____ Litigation Support     | ____ Bookkeeping Services |                            |
| ____ Other _____            |                           |                            |

13. List separately each office of the firm located in Oklahoma:

Street Address City, State and Zip	Mailing Address (if different from street address)	Telephone Number	Name of Designated Manager*
a. _____			
b. _____			
c. _____			
(use continuing sheets to list additional offices)			

**\*If the office of the firm is located within the State of Oklahoma, the person appointed by the shareholders of the firm to be responsible for the administration of that office must be domiciled in Oklahoma.**

14. Specify by the letter above which office is to receive the documents to renew the registration of the firm each year. \_\_\_\_\_

15. **Required: Each staff CPA or PA employed by the firm and serving Oklahoma clients must hold a permit to practice, unless practicing under mobility.**

Does every CPA and PA on your staff who serves Oklahoma clients hold a valid Oklahoma permit to practice or enter the state under the provisions of Section 15.12A of the Act? \_\_\_\_Yes \_\_\_\_No (Code: 10:15-25-4[c]) **If no, please attach an explanation**

16. List all states in which the firm or its predecessor has applied for or been issued a permit or its equivalent within the five (5) years immediately preceding the filing of this application (Law: Section 15.15A(B)(1):

\_\_\_\_\_  
(use continuing sheets if necessary)

17. Has any shareholder, partner, owner of the firm or its predecessor ever 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, attach a written explanation.**

**Section 15.15A(C) of the Oklahoma Accountancy Act requires the following to be reported by letter to the Board within 30 calendar days from the date of occurrence:**

- **Changes in the partners or shareholders of the firm;**
- **Changes in the structure of the firm;**
- **Changes in the designated manager of the firm;**
- **Changes in the number or location of offices of the firm;**
- **Denial, revocation, or suspension of certificates, licenses, permits, or their equivalents to the firm or its partners, shareholders, or employees other than in this state.**

**I certify that all the information provided on this registration and permit application is true and correct and that I have not omitted or suppressed any information which would have a bearing on the registration.**

Signature: \_\_\_\_\_  
Shareholder/Partner/Member/Owner/Designated Manager Date

Email Address: \_\_\_\_\_

#### FEE SCHEDULE

<b>Reinstatement Application Fee (Non-Refundable):</b>	<b>\$125</b>
<b>Registration and Permit Fee:</b>	<b>\$200</b>
(Code: 10:15-27-8, 10:15-27-9 and 10:15-27-10)	
<b>Total:</b>	<b>\$325</b>

*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, etc.).*