STATE OF MONTANA BOARD OF PUBLIC ACCOUNTANTS

REQUEST FOR EXEMPTION FROM SOCIAL SECURITY NUMBER REQUIREMENT

Montana Code Annotated 37-1-307 requires applicants for a Montana professional or occupational practice license to provide a United States Social Security Number (SSN). However, pursuant to Policy Interpretation Question (PIQ) number 99-05 issued by the U.S. Dept. of Health and Human Services in 1999, the State of Montana, Department of Labor & Industry, Business Standards Division (BSD) may issue a license to an applicant who does not have a SSN *if the applicant submits this form truthfully attesting that he or she has not been assigned a SSN.* If a person (who has been issued a Montana practice license without a SSN) is later assigned a SSN, the person must report the SSN to the licensing board or program within BSD as a prior condition for renewal of licensure. If a person has already been issued a Montana practice license without having submitted a SSN or this affidavit at the time of original application, the person will be required to provide a SSN or this affidavit as a prior condition of renewal. All persons who do not have a SSN and who are applying for a new practice license from BSD or renewing an existing practice license must have filed a copy of this form with the BSD licensing board or program. The form need only be filed once for each license.

THIS FORM MAY ONLY BE USED FOR PERSONS/APPLICANTS/LICENSEES WHO DO NOT HAVE A SOCIAL SECURITY NUMBER. If such a person has ever been issued a SSN, the person MUST provide it as a condition of licensing. A practice license will not be renewed or issued to a person who refuses to provide their SSN.

1. Name:		
Last /Family	First	Middle
2. Mailing Address:	Street	
City	State/Province	Zip/Postal Code
3. Check <u>one</u> :		
I am applying for Montana	a license as a <u>Public Accountant</u>	
I currently hold a Montana	a license as a <u>Public Accountant</u>	License #:
answer of 'No' to this question # 4 will res	signed a U.S. Social Security Number sult in a denial of your license application or r not need to use this form. Instead, you mus	enewal unless you provide the
the SSN to the State of Montana,	er the date of this affidavit, do you age Department of Labor & Industry, Bus answer of 'No' to this question # 5 will result i	siness Standards

application or renewal.

AFFIDAVIT

I ______, being first sworn, depose and affirm or state under penalty of perjury/falsification under the laws of Montana that that the information contained herein is true and correct to the best of my knowledge. I understand that under Montana law, providing false information is grounds for denial, suspension, or revocation of a professional or occupational license, certificate or permit and is also grounds for criminal prosecution.

Signature:	Date:	

This form must be notarized below.

SUBSCRIBED AND SWORN TO before me before this _____ day of _____, 20___.

Notary Public for the State of _____

SEAL

My commission Expires: _____