



**Instructions for Completing the Application Packet for  
Commonwealth of the Northern Mariana Islands CPA Certificate**

**Licensure Application for Applicants  
who passed the exam for CNMI  
ONLY**

## I. COMPLETING YOUR APPLICATION

### APPLICATION

### FORM A

Instructions for completing the application are located in the left-hand column of the application. Make sure you answer all questions listed. Submit the complete application and payment to the address below.

### CERTIFICATE OF EXPERIENCE

### FORM B

Complete sections A & B of the Certificate of Experience Form. Forward the forms to the supervising CPA for the completion of sections C & D. Request that the form be returned directly to you in a signed and sealed envelope. Send the sealed envelope(s) to Compliance Services in your final application package.

### EMPLOYER LICENSE VERIFICATION

### FORM C

If your experience was gained under the supervision of an active CPA in another state, you must forward this form to the state in which your supervisor is certified. Complete section A in its entirety. Include any applicable fee. Request that the form be returned directly to you in a sealed envelope. Send the sealed envelope(s) to Compliance Services in your final application package.

### AUTHORIZATION FOR INTERSTATE EXCHANGE

### FORM D

Complete part A of the form and forward to the appropriate state board(s) from which you passed the CPA Exam and in which you are licensed. Request that the form be returned directly to you in a signed and sealed envelope. Send the sealed envelope(s) to Compliance Services in your final application package.

### TRANSCRIPT REQUEST FORM

### FORM E

Request official transcripts from the colleges and universities listed in section B of the "Application." **ALL TRANSCRIPTS MUST BE OFFICIAL AND MUST BE SUBMITTED IN A SEALED ENVELOPE FROM THE INSTITUTION ISSUING THE TRANSCRIPT.** Include all transcripts in your final application package.

## II. FEES

The licensing fee for a CPA Certificate for Exam Candidates is \$330.00. The fee includes the license application services, license renewal and ALD services, a three year subscription to CPETracking and CPE audit services, and an official Wall Certificate. Please make certified checks or money orders payable to Compliance Services.

*Upon notification of your approval, you will receive a password and instructions on how to access the CPETracking system and set up an account. Attached is information regarding CPETracking.*



P.O. Box 198589  
Nashville, TN 37219  
toll free 866.350.0017  
615.880.4200  
[www.NASBAtools.com](http://www.NASBAtools.com)



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Nashville, TN 37219

## Commonwealth of the Northern Mariana Islands

### Application for CPA License

### Exam Applicant

#### A. Biographical Information.

Complete in its entirety. Please type your information or print in black or blue ink. Illegible information may result in processing delays.

Status Preferred: ☐ Active Status ☐ Inactive Status

First Name	Middle Name	Last Name	Maiden/Other
Date of Birth		U.S. Social Security Number	

Please check to which address you wish to receive mail.

#### Residence Address:

☐

Street

City

State

Zip Code

Telephone

#### Business Address:

☐

Employer

Street

City

State

Zip Code

Telephone

Fax Number

E-mail

#### B. Examination and Licensing Information

For which State did you pass the exam? \_\_\_\_\_

List any other states in which you hold a license: \_\_\_\_\_

#### C. Education

Provide College/University information.

College/University	Major	Degree	Degree Conferral Date

**D. Qualifying Experience**

List the employer(s) to whom you have provided the Certificate of Experience form.

**Employer #1**

Address

City

State

Zip Code

Position Held

Dates of Employment

**Employer #2**

Address

City

State

Zip Code

Position Held

Dates of Employment

**G. Questions**

Answer each question. If you answer "yes" to any, please attach an explanation.

1. Have you ever been convicted of a felony under the laws of any state or of the United States? ☐ YES ☐ NO
2. Have you ever entered a plea of guilty or a plea of nolo contendere accepted by the court? ☐ YES ☐ NO
3. Have you ever had a professional or vocational license suspended or revoked by this or any state or foreign country? ☐ YES ☐ NO
4. Have you ever had the right to practice before any state or federal agency suspended or revoked for improper conduct or willful violation of the rules or regulations of such state or federal agency? ☐ YES ☐ NO

**I. Affidavit**

The application must be signed by the applicant in order to be processed

I state under penalty or perjury in the second degree that the information contained in this application, to the best of my knowledge, is true and correct.

Signature of Applicant

Date



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## Certificate of Experience

**Applicants:** Complete sections A and B. If experience was obtained from more than one entity, make a copy of this form and complete a Certificate of Experience for each entity.

**Supervisors/Verifiers:** Please verify the information presented in section C. Send this form back to the applicant in a sealed envelope. By signing this form, you are authorizing NASBA Licensing Services to verify your license/certificate with the appropriate Board of Accountancy.

### A. Applicant Information

Complete in its entirety

First	Middle	Last	
Address	City	State	Zip Code

### B. Employer Information

Upon completion, send directly to supervisor, along with envelope for return.

Employer		
Address		
City	State	Zip
Position of Applicant		
Period of Experience		
Full Time:	From: _____	To: _____
Part Time:	From: _____	To: _____

I state, under penalty of perjury, that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant

Date

## SUPERVISOR VERIFICATION

### C. Direct Supervisor Verification

Verifier must have a current CPA license or a license that was current during the stated time period.

I certify under penalty of perjury to the truth and accuracy of the information provided herein and that during the period from \_\_\_\_\_ to \_\_\_\_\_, the applicant worked for me, my firm, or the firm which is or was my employer. By signing this form, I authorize Licensing Services, of the National Association of State Boards of Accountancy, to verify my certificate/license with the appropriate board(s) of accountancy.

Name \_\_\_\_\_ Position or Title \_\_\_\_\_

Current Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CPA Certificate/License Number \_\_\_\_\_ Issuing Jurisdiction \_\_\_\_\_

Expires on \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this individual by comparing his/her signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by this individual on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature \_\_\_\_\_

Notary ID: \_\_\_\_\_ Expires on \_\_\_\_\_ month / day / year



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## Employer's Licensure Verification

**Applicants:** Complete section A of this form if your supervising CPA(s) holds a certificate/license from a jurisdiction other than CNMI. Please ensure that this section is completed in its entirety. **FORWARD TO THE JURISDICTION WHERE THE SUPERVISING CPA HOLDS A CERTIFICATE/LICENSE.** Request that the Board return the form to you in a sealed envelope. **NOTICE:** Please refer to the Fee Schedule posted on the NASBAtools.com website at [http://credentialnet.nasbatools.com/display\\_page?id=126](http://credentialnet.nasbatools.com/display_page?id=126) for state board addresses and any related verification fees.

**State Boards:** Licensing Services, a division of the National Association of State Boards of Accountancy, and the license processing agent for the CNMI State Board of Accountancy, requests that you verify the information presented in section A by answering all questions in section B. This form serves the purpose of verifying that the person and firm noted was certified/licensed by your jurisdiction during the dates of employment listed. Upon completion of this form, return it to the applicant in a sealed envelope. Please do not send directly to Licensing Services.

### A. Applicant Information

All Applicants must complete this section

First Name Middle Name Last Name Other

Street

City State Zip Code Telephone

Dates of Employment with Firm Named Below: \_\_\_\_\_ TO \_\_\_\_\_

### Supervising CPA Information

Supervising CPA's Name

Firm Name

Street

City State Zip Code Telephone

### B. State Boards to complete

Answer all questions listed.

Did the supervising CPA named above hold an active certificate/license to practice public accounting during the period of employment stated above?

☐ YES ☐ NO

Certificate/License Number

Did the firm named above hold an active certificate/license registration to practice as a certified public accounting firm during the period of employment stated above?

☐ YES ☐ NO ☐ N/A

Please provide any further information you may have regarding the CPA/licensee/firm, including whether the CPA/licensee/firm has been subject to discipline.

I solemnly affirm, to the best of my knowledge, that the above information is true and correct.

(Board Seal)

Official Signature / Board Representative

Title

Date



## Authorization for Interstate Exchange of Examination and Licensure Information

**Applicants:** Complete sections A of this form and send directly to the appropriate state board of accountancy. The board, in turn, should complete the remainder of the form (Sections B-F). You are advised to check in advance with the board if there are additional requirements and/or fees charged before such information will be released. Please note that if you are sending this form to Georgia or New York, you should send it directly to CPA Examination Services, as noted on the "Board Information" sheet. After you receive the form in a sealed envelope from the state board, include it in your final application package.

**State Boards:** The applicant in section A of this form has authorized you to provide any and all pertinent information listed in this form to Licensing Services, a division of the National Association of State Boards of Accountancy and an agent for the CNMI State Board of Accountancy. Please return the form in a sealed envelope directly to the applicant. Do not send to Licensing Services

**A. All Applicants must complete this section.**  
Complete in its entirety.

First Name	Middle Name	Last Name	Maiden/Other Name
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Street or P.O. Box
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City	State	Zip Code	Daytime Telephone
------	-------	----------	-------------------

Date of Birth	Social Security Number
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Certificate Number (if applicable) \_\_\_\_\_

I hereby request and authorize the \_\_\_\_\_ Board of Accountancy to provide any and all pertinent information requested in this form to CPA Examination Services, as an agent for the CNMI State Board of Accountancy. I agree that CPA Examination Services may confirm the grades issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants.

Signature	Date
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**B. Verification of Examination Credits.**  
State Board: Please Provide Uniform CPA Examination grade information for the candidate listed above, as reported by the AICPA. List all grades, including failing grades, for the applicant.

Date of Examination	Candidate ID #	Audit	LPR (Business Law)	FARE (Theory)	ARE (Practice)

1. Was the applicant ever denied admission to the Exam? Yes No (If yes, please describe in Section D.)

2. If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state? Yes No (If yes, please describe in Section D.)

3. If the applicant has not passed all parts of the CPA Exam, indicate above the expiration date of those parts that have been passed and for which credit has been given.



**Certificate as a Certified Public Accountant**

**C. Certificate/Licensure Status.**

State Boards complete this section.

1. The applicant was granted an original/reciprocal (circle one) CPA Certificate, number issued \_\_\_\_\_ which is good standing unless noted in section E of this form.

2. The applicant has completed an Ethics Examination ☐ Yes ☐ No  
The exam was prepared and graded by ☐ Board ☐ AICPA

**License/Permit to Practice Public Accounting**

3. ☐ Yes ☐ No This state is a two-tier state.  
4. ☐ Yes ☐ No The license/permit from this board is in good standing and expires  
5. ☐ Yes ☐ No The applicant is currently licensed to engage in the practice of public accounting.  
6. ☐ Yes ☐ No Has there ever been any disciplinary action instituted against the applicant?  
(If yes, explain in Section E.)

7. If the applicant does not hold a license/permit from your board, please indicate the requirements to be met for issuance or reinstatement:

License/Permit not required: \_\_\_\_\_

Pay appropriate fees/or post bond: \_\_\_\_\_

Complete acceptable accounting/auditing experience: \_\_\_\_\_

Complete continuing professional education requirements: \_\_\_\_\_

Other: \_\_\_\_\_

**D. Additional Information Requested..**

**E. Exceptions noted or explanations of information provided.**

Official seal and signature must be affixed to attached sheets if needed to respond to this inquiry.

**F. Signature and Seal**

\_\_\_\_\_  
Board/Agency

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



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## Transcript Request Form

**Applicants:** Complete sections A and B of this form and send directly to the college or university. Make sure that you include any applicable fees.

**Registrars:** Please send a transcript, in a sealed school envelope, directly to the person at the address listed in section A of this form. For security purposes, this procedure has been requested by Licensing Services, an agent of the CNMI State Board of Accountancy. After you return the sealed envelope to the applicant, he/she will be forwarding the transcript directly to Licensing Services.

### A. Applicant Information

All Applicants must  
complete this section

First Name	Middle Name	Last Name	Other
Street			
City	State	Zip Code	Telephone
Date of Birth	Student ID #	Social Security Number	

### A. University/College Information.

College/University:

Street		
City	State	Zip Code
Degree	Dates of Attendance	Dates of Graduation
Fee Enclosed _____		
Signature	Date	