



**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)



P.O. Box 198589  
Nashville, TN 37219

## Commonwealth of the Northern Mariana Islands Application for CPA License Exam Applicant

Status Preferred:  Active Status  Inactive Status

**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.

|                      |                    |                                    |                     |
|----------------------|--------------------|------------------------------------|---------------------|
| <b>First Name</b>    | <b>Middle Name</b> | <b>Last Name</b>                   | <b>Maiden/Other</b> |
| <b>Date of Birth</b> |                    | <b>U.S. Social Security Number</b> |                     |

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.

|                    |      |                     |          |
|--------------------|------|---------------------|----------|
| <b>Employer #1</b> |      |                     |          |
| Address            | City | State               | Zip Code |
| Position Held      |      | Dates of Employment |          |
| <b>Employer #2</b> |      |                     |          |
| 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 or 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.

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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

|                |               |              |                 |
|----------------|---------------|--------------|-----------------|
| _____          |               |              |                 |
| <b>First</b>   | <b>Middle</b> | <b>Last</b>  |                 |
| _____          |               |              |                 |
| <b>Address</b> | <b>City</b>   | <b>State</b> | <b>Zip Code</b> |

**B. Employer Information**  
Upon completion, send directly to supervisor, along with envelope for return.

|                                    |              |            |  |
|------------------------------------|--------------|------------|--|
| <b>Employer</b> _____              |              |            |  |
| _____                              |              |            |  |
| <b>Address</b>                     |              |            |  |
| _____                              |              |            |  |
| <b>City</b>                        | <b>State</b> | <b>Zip</b> |  |
| <b>Position of Applicant</b> _____ |              |            |  |
| <b>Period of Experience</b>        |              |            |  |
| <b>Full Time:</b>                  | From: _____  | To: _____  |  |
| <b>Part Time:</b>                  | 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. |             |
| _____   | _____       |
| <b>Signature of Applicant</b>   | <b>Date</b> |

**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

|   |                    |                  |                  |
|---|--------------------|------------------|------------------|
| <u>First Name</u>   | <u>Middle Name</u> | <u>Last Name</u> | <u>Other</u>     |
| <u>Street</u>   |                    |                  |                  |
| <u>City</u>   | <u>State</u>       | <u>Zip Code</u>  | <u>Telephone</u> |
| Dates of Employment with Firm Named Below: _____ TO _____ |                    |                  |                  |

**Supervising CPA Information**

|                               |              |                 |                  |
|-------------------------------|--------------|-----------------|------------------|
| <u>Supervising CPA's Name</u> |              |                 |                  |
| <u>Firm Name</u>              |              |                 |                  |
| <u>Street</u>                 |              |                 |                  |
| <u>City</u>                   | <u>State</u> | <u>Zip Code</u> | <u>Telephone</u> |

**B. State Boards to complete**

Answer all questions listed.

|   |
|---|
| <p>Did the supervising CPA named above hold an active certificate/license to practice public accounting during the period of employment stated above?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO      Certificate/License Number _____</p> <p>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?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Please provide any further information you may have regarding the CPA/licensee/firm, including whether the CPA/licensee/firm has been subject to discipline.</p> <p>_____</p> |
|---|

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



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## 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 |
| Street or P.O. Box   |             |                        |                   |
| City   | State       | Zip Code               | Daytime Telephone |
| Date of Birth  |             | Social Security Number |                   |
| 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                   |                   |

**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<br>(Business Law) | FARE<br>(Theory) | ARE<br>(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

|                      |                     |                               |                  |
|----------------------|---------------------|-------------------------------|------------------|
| _____                | _____               | _____                         | _____            |
| <b>First Name</b>    | <b>Middle Name</b>  | <b>Last Name</b>              | <b>Other</b>     |
| _____                |                     |                               |                  |
| <b>Street</b>        |                     |                               |                  |
| _____                | _____               | _____                         | _____            |
| <b>City</b>          | <b>State</b>        | <b>Zip Code</b>               | <b>Telephone</b> |
| _____                |                     |                               |                  |
| _____                | _____               | _____                         |                  |
| <b>Date of Birth</b> | <b>Student ID #</b> | <b>Social Security Number</b> |                  |

**A. University/College Information.**

|                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| <b>College/University:</b> |                            |                            |
| _____                      |                            |                            |
| _____                      |                            |                            |
| <b>Street</b>              |                            |                            |
| _____                      | _____                      | _____                      |
| <b>City</b>                | <b>State</b>               | <b>Zip Code</b>            |
| _____                      |                            |                            |
| _____                      | _____                      | _____                      |
| <b>Degree</b>              | <b>Dates of Attendance</b> | <b>Dates of Graduation</b> |
| _____                      |                            |                            |
| <b>Fee Enclosed</b> _____  |                            |                            |
| _____                      |                            |                            |
| _____                      | _____                      |                            |
| <b>Signature</b>           | <b>Date</b>                |                            |