



Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
State Board of Accountancy
P.O. Box 2649
Harrisburg, PA 17105
st-accountancy@pa.gov

Waiver of Social Security Number Verification Statement

Name: _____ Last First Middle
Profession: _____

This is to verify I do not have a U.S. Social Security Number for the following reason(s):

I verify the statement made above is true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license.

I also acknowledge that I will provide the Board with my Social Security Number as soon as it is obtained. Further, I understand that I will not be permitted to renew my Accountancy license, once issued, until I have submitted my Social Security Number to the State Board of Accountancy.

Signature Date