

Montana

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, he or she 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, he or she 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 APPLICANTS WHO DO NOT HAVE A SOCIAL SECURITY NUMBER. If such a person has ever been issued a SSN, he or she **MUST** provide it as a condition of licensing. A practice license will not be renewed or issued to a person who refuses to provide his or her SSN

Part 1 - To be completed by the candidate:

1. Applicant's Name: _____
First M. I. Last

2. Date of Birth: _____ 3. Jurisdiction ID: _____
mm/dd/yyyy Available from your user account at CPA Central after your application has been submitted.

3. Check one:

- ☐ I am applying for a Montana license as a Public Accountant.
☐ I currently hold a Montana license as a Public Accountant. License # _____

4. I certify I have not been assigned a U.S. Social Security Number. ☐ Yes ☐ No

An answer of "No" to this question will result in a denial of your license application or renewal unless you provide the SSN. If you already have a SSN, you do not need to use this form; instead, you must provide the SSN.

5. If a SSN is assigned to you after the date of the affidavit, do you agree to immediately report the SSN to the State of Montana, Department of Labor & Industry, Business Standards Division? ☐ Yes ☐ No

An answer of "No" to this question will result in a denial of your license application or renewal.

Part 2- Affidavit:

I, _____, being first sworn, depose and affirm or state under penalty of perjury/falsification under the laws of Montana that the information contained herein is true and correct to the best of my knowledge. I understand that under the 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.

Applicant's Signature

Date

Part 3- To be completed by the Notary:

Subscribed to and sworn before me this _____ day of _____, 20____.

Notary for the State of _____ County of _____

My commission expires _____

Notary Seal or Stamp

Notary Public's Signature

RETURN THIS FORM TO: CPA Examination Services - MT, P.O. Box 198469, Nashville, TN 37219-8469