

# 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: \_\_\_\_\_  
mm/dd/yyyy \_\_\_\_\_ 3. Jurisdiction ID: \_\_\_\_\_  
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.*

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### 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.

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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### 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*

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\_\_\_\_\_  
Notary Public's Signature

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