

# Pennsylvania

## *Social Security Act Certification*

As a first-time applicant, you are required to submit this form as part of your application. Your application will be considered incomplete without this form. If required documents are not received within 45 days of the submission date of your application, your application will be marked as incomplete and will not be processed further. Failure to submit all required supporting documents will result in the denial of your application, forfeiture of your application fee, and the secure destruction of all documents submitted.

**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.

**Part 2 – Certification:**

In order to comply with federal law, the Pennsylvania State Board of Accountancy is obligated to inform each applicant or licensee from whom it requests a Social Security Account Number ("SSN") on any application or form that disclosing such number is mandatory in order for this licensing board to comply with the requirements of the Federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Human Services (DHS), this licensing board must provide to DHS information prescribed by DHS about the licensee, including the SSN.

I certify that I have read the above statement and understand the full intent, and I do give this licensing board permission to report my Social Security Account Number to the appropriate professional association or licensing board.

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

\_\_\_\_\_  
Social Security Account Number

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