



Application Packet for a Puerto Rico CPA Certificate

APPLICATION CHECKLIST

NOTE: ONLY COMPLETE PACKAGES WILL BE ACCEPTED BY NASBA LICENSING SERVICES. FAILURE TO INCLUDE ALL NECESSARY DOCUMENTATION WILL RESULT IN THE RETURN OF YOUR APPLICATION. PLEASE INCLUDE THIS CHECKLIST WITH YOUR COMPLETE APPLICATION PACKET.

- License Application
- Affidavit
- Certificate of Good Conduct from the Police Department
- Certificate of ASUME (Obtained from el Departamento de la Familia de Puerto Rico)
- Authorization for Interstate Exchange Form
- Transcript Request Form (Only for applicants who passed the CPA in a jurisdiction other than Puerto Rico)
- Fee of \$145 made payable to NASBA Licensing Services.
Valid forms of payment: Credit card (Visa, Mastercard and Discover), check and money order.
(Credit Card form included in application)

Mail application to:



P.O. Box 198589
Nashville, TN 37219
Toll Free : 866.350.0017
615.880.4200
www.nasba.org

Instruction Sheet for Application Form

- Complete the application form in its entirety.
- Type or print in blue or black ink.
- Any dates given within this application should be in the format of mm/dd/yyyy.
- Make sure to provide an e-mail address, for e-mail is the main source of correspondence. Your OASIS ID and password will be forwarded to you through e-mail.
- Sign and date.



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Puerto Rico

Application for CPA Certificate

Puerto Rico Initial Applicant

_____	_____	_____	_____
First Name	Middle Name	Last Name	Maiden/Other
_____	_____	_____	_____
Date of Birth (mm/dd/yyyy)	Place of Birth	Last 4 digits of U.S. SS#	
_____	_____	_____	_____
E-Mail	_____	U.S. Citizen	Yes <input type="checkbox"/> No* <input type="checkbox"/>

(*If no, please provide supporting documentation.)

Both addresses are required to be listed. Please check preferred mailing address.

Postal Address: _____

Street _____

City _____ State _____ Zip Code _____ Telephone _____

Residential Address: _____

Employer _____

Street _____

City _____ State _____ Zip Code _____ Telephone _____

Fax Number _____

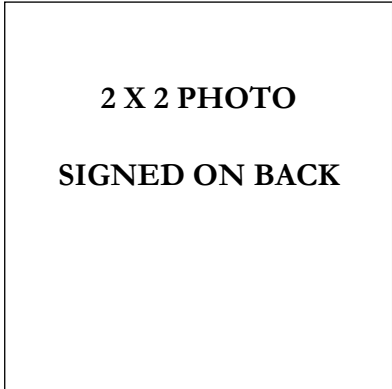
1. Have you ever been convicted of a felony under the laws of any state or of the United States? YES NO
2. Have you ever entered a plea of guilty or a plea of nolo contendere accepted by the court? YES NO
3. Have you ever had a professional or vocational license suspended or revoked in Puerto Rico or 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

The applicant hereby certifies that he/she does not owe any back Child Support or Alimony. That if any Child Support or Alimony payments are required by the applicant, he/she has set up a payment plan that satisfies the requirements of the Administracion para el Sustento de Menores of the Departamento de la Familia in accordance with the established Law Number 86, put into effect August 17, 1994.

Signature of Applicant _____ Date

AFFIDAVIT

I, _____, being duly sworn, declare that I am the person referred to in this application and that the statements herein contained in every respect, and that the attached photograph is a true likeness of myself taken within the last three months.



State or Territory _____
County or City _____

Signature of Applicant

Affidavit Number: _____

Sworn and subscribed before me by _____, of legal age _____, marital status _____, occupation _____, and resident of _____, Puerto Rico, whom I personally know or identify through _____, in the city of _____, Puerto Rico, at the day, _____ of the month _____, of the year, _____.

Notary Public

My commission expires on _____

Instruction Sheet for Authorization for Interstate Exchange

- Complete the form in its entirety.
- Forward to the board from which the CPA exam was passed.
- Upon receipt of form, **DO NOT OPEN**. Forward sealed envelope with application packet.



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Authorization for Interstate Exchange of Examination and Licensure Information

State Boards: The applicant below has authorized you to provide any and all pertinent information listed in this form to NASBA Licensing Services, a division of the National Association of State Boards of Accountancy and an agent for the Puerto Rico State Board of Accountancy. Please return the form in a sealed envelope directly to the applicant. **Do not send to NASBA Licensing Services**

 First Name Middle Name Last Name Maiden/Other Name

 Street or P.O. Box

 City State Zip Code Daytime Telephone

 Date of Birth U.S. 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 Puerto Rico 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

State Board use only: Date applicant initially sat for the exam: _____

Date of Examination	Candidate ID #	Audit	LPR (Business Law)	FARE (Theory)	ARE (Practice)

1. Was the applicant ever denied admission to the Exam? Yes No (If yes, please explain on following page.)

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 explain on following page.)

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. _____

1. The applicant was granted an original/reciprocal (circle one) CPA Certificate number issued _____ which is in good standing unless noted below.

2. The applicant has completed an Ethics Examination Yes No Score: _____
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 below.)

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: _____

Additional Information:

Exceptions noted/explanations:

Board Seal

Board/Agency

Official Signature

Title

Date

Instruction Sheet for Transcript Request

- Complete the form in its entirety.
- Send the transcript form to the university(s)/college(s) attended.
- Upon receipt of transcript, **DO NOT OPEN**. Forward the sealed envelope with application packet.



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Transcript Request Form

Registrars: Please send a transcript, in a sealed school envelope, directly to the person at the address listed below.

Personal Information:

First Name Middle Name Last Name Other/Maiden

Street

City State Zip Code Telephone

Date of Birth Student ID # U.S. Social Security Number

College/University:

Street

City State Zip Code

Degree Dates of Attendance Date of Graduation

Fee Enclosed _____

Signature

Date

Credit Card Payment Form

****This form is in lieu of payment by telephone.****

Applicant Name: _____

Fees are non-refundable and non-transferable

Authorized Payment Amount: Fee \$145

Please Check One: Visa MasterCard Discover

Card Number: _____

Expiration Date: _____

Print Name as it appears on account: _____

Authorized Signature: _____

Return this payment form with Application Package.

Note: This document will be shredded after it has been processed