## 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.

Pa	rt 1			
1.	Applicant's Name:	First Name	Middle Name	Last Name
2.	Date of Birth:		3. Jurisdiction ID:	
		mm/dd/yyyy	Only available after completely submitting	g an online application through CPA Central.
Pa	rt 2			
or suc Sec C.S	licensee from whom th number is manda curity Act pertaining 5. §4304.1(a). To enforvices (DHS), this lice	nit requests a Social Sectory in order for this lice tory in order for this lice to child support enforce orce domestic support o	ylvania State Board of Accountancy is oburity Account Number ("SSN") on any apensing board to comply with the requirer ement, as implemented in the Commonworders, at the request of the Commonwede to DHS information prescribed by DHS	pplication or form that disclosing ments of the Federal Social wealth of Pennsylvania at 23 Pa. alth's Department of Human
	•		and understand the full intent, and I do g nt Number to the appropriate profession	
App	olicants Signature		Social Security Nu	ımber
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RETURN THIS FORM TO:

Date

CPAExam@nasba.org

(If the form is completed with a seal or embossing, it must be visible on the electronic version to be considered official.)

OR

CPA Examination Services – PA

P.O. Box 198469