



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
- Authorization for Interstate Exchange Form
- CPE Documentation - ONLY** If the examination was taken more than three years ago, present evidence (CPE Chart) of participation in at least 120 CPE hours during the last three years, as defined by the American Institute of Certified Public Accountants (AICPA).
- Experience Verification** - Provide evidence of at least five years of experience in public accountancy outside Puerto Rico within the last ten years.
- Two certifications (with affidavit) of good moral character.**
- Fee of \$250 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 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 Reciprocity Applicant

First Name	Middle Name	Last Name	Age
Date of Birth (mm/dd/yyyy)		Place of Birth (City, Country, Estate)	
Postal Address:			
Street			
City	State	Zip Code	Telephone
E-Mail		Last 4 digits of SS#	

1. Are you a legal resident of the State of Puerto Rico?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. How long have you been a resident of Puerto Rico? _____	
3. Have you ever been convicted of a felony under the laws of any state or of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever entered a plea of guilty or a plea of nolo contendere accepted by the court?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever had a professional or vocational license suspended or revoked in Puerto Rico or any state or foreign country?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you read carefully and fully understand the laws containing the information and rules governing the registration?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Physical Description of Applicant	
Native of _____	
Color of hair _____	
Color of eyes _____	
Height _____	
Weight _____	
Marks _____	
Are you a citizen of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If naturalized, give date and place of naturalization: _____	
Has your surname ever been changed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, give date and place of such change: _____	

AFFIDAVIT

I hereby make final application for a license to practice Accountancy in Puerto Rico, pursuant to the provisions of Law 293, of May 15, 1945, and submit the following statements, under oath.

Every false statement knowingly made by the applicant in this paper, or connived at by him in any clause in this application, is good cause for rejection or for revocation of license after license has been granted.

an unaccounted bust
photography of applicant,
taken not more than six
months before the date of
application, must be pasted in
this space and must not be
larger than the space
provided and must
not be smaller than 2 1/2 by
2 1/2 inches

State or
Territory _____
County or
City _____

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

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 and/or licensure is held.
- 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



Certificate of Good Moral Character

I hereby certify that since _____, I have been so closely associated with _____, residing in _____ whose signature appears above, as to be able intelligently to express an opinion as to his character, mental condition, and habits, and that to the best of my knowledge and belief, he is of good moral character and free from mental defects and drug habits to interfere with the proper practice of accountancy.

Remarks: _____

Signature of Licensing Official

Printed Name

Address

AFFIDAVIT

State of _____ City of _____ SS _____

On this _____ day of _____, 20____, personally appeared before me _____

within and for the City and State aforesaid _____, who being

duly sworn says that he/she is the person who signed the foregoing Certificate of Good Moral

Character of (Miss.)(Mr.)(Mrs.) _____ and that the statements

herein contained are strictly true in every respect. I also certify that the photograph as appears in this application is the likeness of the said _____ and that he/she is the person named in

the above certificate of good moral character; and that I have read and understand this affidavit.

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

Notary Public Signature

My Commission Expires

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 \$250

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