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Form AS 2917.1 Rev. Oct 10 13	Commonwealth of Puerto Rico DEPARTMENT OF THE TREASURY			
TREASURY.	APPLICATION FOR DUPLICATE OF SALES AND USE TAX CERTIFICATES AND WAIVERS			
THE ALTH OF SULLE	l I	lerchants' Registration Nu	mber:	
1. Legal name of the corporation, partnership, individual owner (name, initial, last name) or other				
2. Trade name or "DBA	'n			
3. Type of duplicate requested:				
Merchant's Registration Certificate Exemption Certificate Reseller Certificate				
Eligible Reseller Certificate Eligible Wholesa			aler Waiver Manufacturer Waiver	
4. Indicate the reason for requesting a duplicate:				
A. Merchant's Registration Certificate -				
B. Exemption Certificate -				
C. Reseller Certificate -				
D. Eligible Reseller Certificate -				
E. Eligible Wholesaler Waiver -				
F. Manufacturer Wa	iver - □ Theft □ Des	struction DLoss	Other	
OATH				
I hereby declare under penalties of perjury that this application has been examined by me, and that to the best of my knowledge and belief, all the information provided herein is true, correct and complete. The declaration of the person that prepares this application (except the merchant) is with respect to the available information, and such information has been verified.				
Merchant's name			Merchant's signature	
Title			Date	
Name of the authorized agent			Signature of the authorized agent	Date
Social security or emplo	yer identification number	Address		Telephone ()

Retention: Six (6) years.

INSTRUCTIONS

This form shall be completed by every person to whom the Department of the Treasury has issued a Merchants' Registration Certificate, Exemption Certificate, Reseller's Certificate, Eligible Reseller's Certificate, Eligible Wholesaler's Waiver and/or Manufacturer's Waiver, and wishes to request a duplicate because of theft, destruction or loss of such certificate.

Indicate on lines 1 and 2 the same information included on the Application for Merchant's Registration Certificate (Form AS 2914.1), Application for Exemption Certificate for Manufacturing Plants (Form AS 2914.1 D), Application for Reseller Certificate and Municipal SUT Exemption Certificate (Form AS 2914.1 E), Application for Eligible Reseller Certificate (Form AS 2914.1 F), Application for Eligible Wholesaler Waiver (Form AS 2914.1 G) and/or Application for Manufacturer Waiver (Form AS 2914.1 H), previously filed to the Department of the Treasury.

Indicate on line 3 the type of duplicate requested and on line 4 the reason for requesting the same. You must submit copy of the complaint filed with the Puerto Rico Police Department in case that you are requesting a duplicate of the Exemption Certificate.

The application can be mailed to the Department of the Treasury, Taxpayer's Service Bureau, Merchants' Registry, PO Box 9024140, San Juan, PR 00902-4140. You may also visit any of the Taxpayer's Service Centers located in:

AGUADILLA

Punta Borinquen Shopping Center Bert Street, East Parade Street Intersection Bo. Malezas Abajo, Ramey Base

• ARECIBO

Governmental Center 372 José A. Cedeño Ave. Building B – Office 106

• BAYAMON

Gutiérrez Building – 2nd floor Beside Hermanos Meléndez Hospital Road #2

• CAGUAS

Governmental Center Goyco Street, Acosta Corner 1st floor - Office 110

MAYAGÜEZ

Governmental Center 50 Nenadich Street 1st floor – Office 102

• PONCE

Governmental Center 2440 Las Américas Ave. 4th floor – Office 409

• SAN JUAN

Intendente Ramírez Building 10 Paseo Covadonga Old San Juan 1st floor - Office 101

• HATO REY

Mercantil Plaza Stop 27¹/₂, Ponce de León Ave. 1st floor

Complete this form in all of its parts. Submitting an incomplete form may delay the issuance of the Certificates and/or Waivers.

Any person that violates the provisions of Subtitle D of the Puerto Rico Internal Revenue Code of 2011, as amended, the requirements established by the Secretary or the regulations promulgated under this Subtitle, will be subject to administrative and criminal sanctions, as applicable. Therefore, the information provided in this application must be true, correct and complete.