

TO BE ACCOMPLISHED
PERSONALLY BY THE
PROFESSIONAL



Republic of the Philippines
Professional Regulation Commission
Manila

REGISTRATION DIVISION

APPLICATION FOR PROFESSIONAL IDENTIFICATION CARD

- RENEWAL
- DUPLICATE
- REPRINT
- CHANGE OF NAME

Paste here
your recent
PASSPORT SIZE
colored picture in
white background with
complete name tag

NAME: _____, _____ Middle Name
Last Name First Name

PERMANENT MAILING ADDRESS: _____

DATE FILED: _____ PROFESSION: _____ EXAM DATE: _____

REGISTRATION DATE: (mm/dd/yy) _____ LICENSE NO: _____ EXPIRATION DATE: (mm/dd/yy) _____

CITIZENSHIP: (mm/dd/yy) _____ BIRTH DATE: _____ TEL. No./CP No. (mm/dd/yy) _____

This is to certify that all the information above are true and correct.

SIGNATURE OF LICENSEE

YLP FROM: _____ TO: _____ P/ _____		FOR PRC PROCESSING	
SURCHARGE: _____		Amount: _____	O.R. No. : _____
TOTAL AMOUNT: _____		Date: _____	Issued by: _____
VERIFIED AND ASSESSED BY: _____			

PLEASE FILL OUT THIS CLAIM SLIP

ID CLAIM SLIP

ISSUED BY: _____

DATE FILED: _____

NAME:	AMOUNT
PROFESSION:	OR NO.
LICENSE NO.	DATE PAID
APPLICATION TYPE: <input type="checkbox"/> RENEWAL <input type="checkbox"/> DUPLICATE <input type="checkbox"/> REPRINT <input type="checkbox"/> CHANGE OF NAME	

Please present this slip to claim your professional ID on _____ at Window _____.

(NOTE: REPRESENTATIVE WITH PROPER IDENTIFICATION SHOULD PRESENT SPECIAL POWER OF ATTORNEY/AUTHORIZATION LETTER FROM THE REGISTERED PROFESSIONAL AND THIS ORIGINAL CLAIM SLIP.) FOR CONFIRMATION PLEASE CALL UP (02) 736-22-48.

PROCEDURES

- Step 1.** Present duly accomplished form together with the requirements at Assessment Windows
Window 16 Window 18
- Step 2.** Pay prescribed fees at the Cashier
- Step 3.** Get your claim slip at Windows 16, 18 and 30
- Step 4.** Claim your professional license as scheduled. Please refer to your claim slip for further instructions.

REQUIREMENTS

1. Duly accomplished form
2. Two (2) pcs passport size picture: close up, colored, white background with complete name tag
3. Photo/xerox copy of recent professional ID card
4. In case of **LOST** professional ID card which is still current, the applicant shall submit notarized **Affidavit of Loss**
5. In case of **DESTROYED** professional ID card, the applicant shall surrender the destroyed card

NOTE : As the authorized representative, I assume direct and full responsibility/liability for the security of the professional ID.

Signature over Printed Name of REPRESENTATIVE

SPECIAL POWER OF ATTORNEY

KNOWN ALL MEN BY THESES PRESENTS:

I, _____, PICPA Member, of legal age, Filipino, resident of _____ do hereby name, constitute and appoint **ERNESTO C. VALLEJO JR.**, PICPA MMR Liaison Officer, likewise of legal age, with office address at 700 Shaw Boulevard, Mandaluyong City to be my true and legal representative to act and in my name and stead and to perform the act of filing and claiming my PRC ID in Certified Public Accountants from the Office of Professional Regulation Commission.

HEREBY GRANTING unto my representative full power and authority to execute and perform every act necessary to render effective the power secure the aforementioned permit, as though I myself, have performed it, and **HEREBY APPROVING ALL** that he may do by virtue hereof with full right of substitution of his person and revocation of this instrument.

IN WITNESS WHEREOF, I have hereunto affixed my signature this _____ day of _____, 2011 at Manila, Philippines.

PICPA Member

CPA# _____

ACKNOWLEDGMENT

Republic of the Philippines)
City of Manila)SS

BEFORE ME, a Notary Public for and in Manila, on this _____ day of _____, 2011 with community tax certificate no. _____ issued on _____ at _____, known to me and to me known to be the same person who executed the foregoing instrument and acknowledge it to me that the same is their free act and deed.

WITNESS my hand and seal.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____