



Department of Licensing and Consumer Affairs

Golden Rock Shopping Center
3000 Estate Golden Rock, Suite 9
St. Croix, VI 00820-4311
Telephone: 340.713.3522
Facsimile: 340.718.6982

Administrative Complex
"The Battery"
St. John, VI 00830
Telephone: 340.693.8036
Facsimile: 340.776.6989

Property & Procurement Building
8201 Subbase, Suite 1
St. Thomas, VI 00802-5826
Telephone: 340.714.3522
Facsimile: 340.776.8303

US VIRGIN ISLANDS BOARD OF SOCIAL WORKERS

Instructions for Social Worker Licensure Application

New applicants and reciprocity applicants

New Applicant Information

CISW Applicants

1. An official, certified transcript is required for the master's degree of social work degree and the highest relevant. Please review the educational requirements on [page 6 of this application](#). The transcripts must be in a **sealed** school envelope and submitted directly to the Board.
2. Applicants must be **currently** licensed in US Virgin Islands **at the CSW level** (or equivalent from another jurisdiction). **Applicants must provide a copy of their license.**
3. Applicants must submit a total of **three references** (two professional and one supervisory). All references must be able to evaluate the applicant's social work experience. The waiver of liability **must** be completed for each reference. The reference form is **attached (pages 11-12)**. Make additional copies as needed. The reference forms are not required to be submitted in a sealed envelope.
 - a. Two professional individuals **licensed** at the **CISW level**. At least one at the **CISW level** or equivalent in another jurisdiction, psychiatry, clinical psychology or psychiatric nursing with a specialty in clinical mental health shall complete section A of a reference form. **References must provide a copy of their professional license.**
 - b. A **clinical supervisor** licensed at the **CISW level** (or equivalent in another jurisdiction) shall complete sections A *and* B of a reference form and must document:
 - i. For MSW graduates with a degree conferred date **after August 31, 2011**, a minimum of **3,000 hours clinical social work services experience obtained over a period of not less than two years after the issuance of a CSW, or**
 - ii. For MSW graduates with a degree conferred date **prior to August 31, 2011**, a minimum of **3,000 hours of clinical social work services experience obtained over a period of not less than two years after the MSW degree conferred date.**
 - iii. Documented supervision must be a minimum of **100 hours of individual face-to-face clinical supervision, at a rate of 1 hour for every 35 hours worked (with a maximum of 1 hour per week)**. If the experience is earned at a rate less than 35 hours per week, the experience and supervision hours must be computed on a pro-rata basis. Supervised work experience and hours must correspond to the dates listed on the reference form, or an explanation must be attached.
 - iv. Supervisors must be licensed in the jurisdiction where the supervision takes place; out of state supervisors may not supervise work experience taking place in the VI All work experience must be complete as of the application date. If there are multiple supervisors, submit a separate form for each supervisor (ensuring that the documented dates do not overlap). **Supervisors must provide a copy of their professional license.**

CSW Applicants

1. An official, certified transcript is required for the master's degree of social work degree and the highest relevant. Please review the educational requirements on **page 6 of this application**. The transcripts must be in a **sealed** school envelope and submitted directly to the Board.
2. Applicants must submit a total of **three** references (two professional and one supervisory). At least one of the professional and/or supervisory reference forms must be completed by an individual licensed at the CISW or CSW level (or equivalent). All references must be able to evaluate the applicant's social work experience. The waiver of liability must be completed for each reference. The reference form is **attached (pages 11-12)**. Make additional copies as needed. The reference forms are not required to be submitted in a sealed envelope.
 - a. Two professional individuals familiar with the applicant's professional experience in the field of social work shall complete section A of a reference form. **References must provide a copy of their professional license.**
 - b. The most recent **second year field placement supervisor** shall complete sections A & B of a reference form.

LSW Applicants

1. An official, certified transcript is required at the bachelor's degree of social work degree. Please review the educational requirements on **page 6 of this application**. The transcripts must be in a **sealed** school envelope and submitted directly to the Board.
2. Applicants must submit a total of **three** references (**two professional and one supervisory**). All references must be able to evaluate the applicant's social work experience. The waiver of liability must be completed for each reference. The reference form is **attached (pages 11-12)**. Make additional copies as needed.
 - a. Two professional individuals familiar with the applicant's professional experience in the field of social work shall complete section A of a reference form. **References must provide a copy of their professional license.**

SWA Applicants

1. An official, certified transcript is required at the bachelor's degree of social work degree. Please review the educational requirements on **page 6 of this application**. The transcripts must be in a **sealed** school envelope and submitted directly to the Board.
2. Applicants must submit a total of **three** references (**two professional and one supervisory**). All references must be able to evaluate the applicant's social work experience. The waiver of liability must be completed for each reference. The reference form is **attached (pages 11-12)**. Make additional copies as needed.
 - b. Two professional individuals familiar with the applicant's professional experience in the field of social work shall complete section A of a reference form. **References must provide a copy of their professional license.**

New Applicant Summary Checklist

New licensure applicants must provide the following:

1. Application, signed and **notarized**
 - **Signature date must correspond to the date of notarization**
2. Payment by certified check or money order (payable to Government of the VI), or credit card information
3. Passport size Photo
4. Official transcript of the highest relevant degree
5. A total of three reference forms completed per instructions
 - **NOTE: CISW, CSW, LSW AND LSWA APPLICANTS- At least one reference form must be completed by an individual currently licensed at the CISW or CSW level (or equivalent).**
6. Signed and notarized criminal history acknowledgment form (attached)

Reciprocity Applicant Information

1. Applicants must possess a current, valid license substantially equivalent to the appropriate US Virgin Islands license in education and experience requirements. **A certified licensure verification form** for all licenses, **current and expired**, must be submitted in the original, **sealed** envelope from the issuing jurisdiction. The **form on page 13** of this packet may be used, or the issuing jurisdiction may use its own form.
2. Applicants must have **passed the ASWB examination** required for the appropriate level of licensure in US Virgin Islands. **Refer to page 6** of this application to review the examination requirements. **An official ASWB-certified passing score report is required.**
3. An official, **certified transcript** is required. Please review the educational requirements **on pages 1-2** of this application for the applicable license level. The transcript must be in a **sealed** school envelope.
4. **Three** professional references shall complete section A of a reference form:
 - a. All references must be able to evaluate the applicant's social work experience.
 - b. CISW, CSW, LSW and SWA applicants: at least one reference must be licensed at the CISW or CSW level, or equivalent. CISW applicants: at least one reference must be licensed at the CISW level, or equivalent.
 - c. The waiver of liability must be completed for each reference.
 - d. The reference form is attached (**pages 11-12**). Make additional copies as needed.

Reciprocity Applicants Summary Checklist

Reciprocity applicants must provide the following:

1. Application, signed and **notarized**
 - **Signature date must correspond to the date of notarization**
2. Payment by certified check or money order, payable to “**Government of the Virgin Islands,**”; or credit card information
3. Passport size photo
4. Official transcript
5. Two reference forms completed by professional individuals, and one reference form completed by an appropriately licensed social worker, as instructed above.
6. Certified **verification form** all prior licensing jurisdictions. **The form included on page 13** of this packet may be used, or the issuing jurisdiction may use its own form
7. An official Certified Score Report of passed ASWB examination from ASWB (888-579-3926)
8. Signed and notarized criminal history acknowledgment form (attached).

Requirements for Social Work Licensure in US Virgin Islands

This is a summary; applicants must review the US Virgin Islands regulations for detailed requirements.

Education	Examination	Professional References	Supervision	Documented Experience
CISW				
MSW, DSW or PhD in Social Work from a CSWE accredited school of social work	Clinical	Two professional references from appropriately licensed individuals (see instructions p. 2)	One supervisory reference from CISW	Hold a current LCSW (or equivalent); two years (3,000 hours) post-CSW documented clinical experience with 50 face-to-face supervision hours per year (100 hours total) under a CISW
CSW				
MSW, DSW or PhD in Social Work from a CSWE accredited school of social work	Masters	Three professional references *	One 2nd year field placement supervisory reference *	None Required
LSW				
Bachelors degree in Social Work from a CSWE accredited school of social work	Bachelors	Three professional references *	One supervisory reference *	None required
Bachelors degree in Social Work	Bachelors	Three professional references *	One supervisory reference *	None required
SWA				
Bachelor's degree	Bachelors	Three professional references *	N/A	None required

* At least one of the professional and/or supervisory references must be licensed as a CISW or CSW

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License Level applying for	<input type="checkbox"/> Certified Independent Social Worker (CISW) <input type="checkbox"/> Certified Social Worker (CSW) <input type="checkbox"/> Licensed Social Worker (LSW) <input type="checkbox"/> Social Work Associate (SWA)
Application Type:	<input type="checkbox"/> New Applicant <input type="checkbox"/> Reciprocity Applicant
Special Accommodations Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Identification & Contact Information

Last Name:		First:		Middle:	
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***NOTE:** For examination purposes, your name **must** match your name as it appears on one current, valid non-expired government issued photo-bearing ID. If you have had a legal name change, please attach pertinent documents (court order, marriage certificate, etc.) attesting to this fact.*

Maiden/Another Name: _____

Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date: _____
		Place of Birth: _____

***NOTE:** Your social security number is required **on page 10** of this application.*

***NOTE:** The mailing address below will be a **matter of public record**. It will appear on your license and will be used for all board correspondence. The mailing address and the business address listed **on page 11** may be the same.*

Mailing Address: _____		PHOTOGRAPH - attach recent 2" x 2" photograph here.
Email address: <small>(print clearly)</small>		
Business phone:	() -	
Home phone:	() -	
Cellular phone:	() -	
		Valor Act Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Military Spouse <input type="checkbox"/> Veteran <input type="checkbox"/> None

Current Employment:

Business name:	
Current position:	
Date started:	
Business Address:	_____ _____ _____

Education Information:

- **Certified transcript is required** for the highest relevant degree up to an MSW
- Transcript must be sent *directly* to the Board from the school. **NO EXCEPTIONS**

1) Degree/graduation date:		Major:	
College name and address:			
2) Degree/graduation date:		Major:	
College name and address:			
3) Degree/graduation date:		Major:	
College name and address:			

ASWB Examinations passed (if any):

An official ASWB-certified passing score report is required and must be submitted directly to the Board from ASWB.

1) Exam level _____ Date _____	2) Exam level _____ Date _____
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Licensure Information:

- List ALL Social Work licenses/certifications, **current and expired**, from any jurisdiction.
- **Certified verification form is required from each jurisdiction, except US Virgin Islands.**

1) License Designation:		State/Province:	
License number:	Date Issued/Expiration date:		
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Revoked/suspended <input type="checkbox"/> Under investigation	<input type="checkbox"/> Other: _____
Basis for License:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement	<input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandparenting	<input type="checkbox"/> Other: _____
2) License Designation:		State/Province:	
License number:	Date Issued/Expiration date:		
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Revoked/suspended <input type="checkbox"/> Under investigation	<input type="checkbox"/> Other: _____
Basis for License:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement	<input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandparenting	<input type="checkbox"/> Other: _____
3) License Designation:		State/Province:	
License number:	Date Issued/Expiration date:		
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Revoked/suspended <input type="checkbox"/> Under investigation	<input type="checkbox"/> Other: _____
Basis for License:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement	<input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandparenting	<input type="checkbox"/> Other: _____

Supervisor/Reference Contact Information:

- A reference form is required from everyone listed

1) Name (supervisor or reference):				
Address:				
City:		State/Province:		Zip/Postal code:
Daytime Phone:	()	Email:		
2) Name (supervisor or reference):				
Address:				
City:		State/Province:		Zip/Postal code:
Daytime Phone:	()	Email:		

3) Name (supervisor or reference):				
Address:				
City:		State/Province:		Zip/Postal code:
Daytime Phone:	()	Email:		

Applicant Attestations:

- Has a licensing/certification board in any U.S. or foreign jurisdiction taken any disciplinary action against you? Yes No
- Are you the subject of pending disciplinary actions by a licensing/certification board in any U.S. or foreign jurisdiction? Yes No
- Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in any U.S. or foreign jurisdiction? Yes No
- Have you ever applied for and been denied a professional license in any U.S. or foreign jurisdiction? Yes No
- Have you ever admitted to or been convicted of a felony or misdemeanor in any U.S. or foreign jurisdiction, other than a traffic violation with an assessed fine of less than \$200? Yes No
- CISW APPLICANTS ONLY:** You must have submitted a thoroughly completed fully participating or non-billing provider application and signed provider contract to VI Board.
 I have complied

NOTE: please state the details of any 1 thru 5 “yes” answer on a separate sheet and attach the explanation to this application. DLCA through VIPD will access data about convictions and pending criminal cases. Those records—and other Federal and professional records—will be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.

By signing this form, you are providing your consent for the US Virgin Islands Board of Social Work Licensure and, where relevant, their supervising state agencies and the US Virgin Islands Department of Licensing and Consumer Affairs, and where relevant, its provider enrollment vendor, to obtain, read, copy, and share with each other information regarding your VI Board application and enrollment status and US Virgin Islands licensure status.

I certify under the pains and penalties of perjury that the information in this application has been reviewed and signed by me, and is true, accurate and complete, to the best of my knowledge. I understand that the failure to provide accurate information may be grounds for the US Virgin Islands Board of Social Work Licensure to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with US Virgin Islands’ Law. I further attest that, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law. I further certify under the pains and penalties of perjury that, if I am applying for licensure as a CISW, I have submitted a completed application to be a fully participating or nonbilling provider to VI Board. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

*Applicant’s signature: _____ **Date: _____

Notary name (printed): _____ Date: _____ SEAL

Notary signature: _____ Commission Expires: _____

* Must be signed in the presence of a notary public

** Signature date must correspond with notarization date; the application must be received within 90 days of the datenotarized

Applicant's Name:

NOTE: This page will not be retained with your application.

U.S. Social Security Number

Social Security Number (mandatory):

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NOTE: Pursuant to G.L. c. 62C, s. 47A, the Social Work Board is required to obtain your social security number and forward it to the Department of Revenue to ascertain whether you are in compliance with the tax laws of the US Virgin Islands.

Application Payment

Application Fees: (due with this application)

Indicate application type and fee: (All fees are non-refundable and subject to change.)

<u>Application Type (check below)</u>	<u>Applicant is providing all documents (circle fee below)</u>
<input type="checkbox"/> New application Fee (all licenses)	\$50.00
<input type="checkbox"/> Certified Indep SW	\$195.00
<input type="checkbox"/> Certified Soc. Wrk	\$130.00
<input type="checkbox"/> Licensed Soc. Wrk	\$91.00
<input type="checkbox"/> Social Wrk Assoc	\$91.00

Payment Method:

- Certified check or money order- payable to Government of the Virgin Islands
OR
 Visa
 MasterCard

Credit card number:																					Exp. Date:	MM	YYYY
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CID code (last 3 digits from signature panel on back of card)

Card Holder's Zip Code: _____

Card Holder's Name (please print):

Card Holder's Signature:



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This section must be completed by the licensure applicant

Applicant's name: _____

Maiden name or another name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Date of graduation (highest degree): _____ Degree conferred: _____

List the highest professional license held:

License: _____ License Number/Jurisdiction _____

License applied for (check one): CISW CSW LSW
 SWA

WAIVER OF LIABILITY- must be completed by the licensure applicant

I, _____, hereby authorize _____
Applicant's name *Reference's name*

(hereinafter "the reference") to provide the Board of Social Worker Licensure with all information of any kind that the reference may, in his or her absolute discretion, deem relevant to my qualifications as an applicant. I hereby release and discharge the professional reference from all claims arising out of the provision of such information.

Applicant's signature: _____ Date: _____

INFORMATION AND INSTRUCTIONS FOR REFERENCES

General information for references completing this form:

1. The Board assumes that you, in recommending this applicant, will be willing to interpret or to substantiate to the Board your recommendation, should the Board desire to contact you. The Board will keep all information confidential to the maximum extent permitted by law.
2. Complete this reference form only if the applicant has signed the above waiver of liability.
3. **Professional References-** complete section A and the signature block.
4. **Supervision References-** complete sections A and B and the signature block. *NOTE: experience/supervision hours must correspond to employment dates, please explain if they do not*
5. Return **pages 11 and 12** of this reference form to the applicant in the envelope provided.

Licensure Verification

(Use this form ONLY if you currently hold or ever held a license in a jurisdiction other than US Virgin Islands)

Board instructions: return this verification form to the applicant in a sealed envelope

Licensee's name:		License Number:	
The Social Work licensing board verifies the following:			
Date license issued:		Expiration date:	
1. This certifies that the above-named individual was issued a license or registration to practice as a: License title: _____ License designation: _____ <input type="checkbox"/> Social Worker <input type="checkbox"/> Masters Social Worker <input type="checkbox"/> Other, please explain: _____ <input type="checkbox"/> Independent Social Worker <input type="checkbox"/> Clinical Social Worker			
2. License or registration was issued based upon: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Other, please explain: Exam passed: _____ State/Province: _____ Date exam taken: _____ <input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandparenting			
3. The board verified that this individual holds a social work degree:			<input type="checkbox"/> Yes <input type="checkbox"/> No
The license was based on this degree: <input type="checkbox"/> BSW <input type="checkbox"/> MSW <input type="checkbox"/> Social Work <input type="checkbox"/> Other (please specify below) Degree: _____ Subject: _____			
4. A program accredited by CSWE or CASSW issued the degree:			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. This license required documented post-masters-degree supervised experience:			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much experience was required? _____ years _____ hours Qualifications of the individual who provided supervision: _____			
6. The license or registration is currently: <input type="checkbox"/> Active <input type="checkbox"/> Expired <input type="checkbox"/> Other, please explain: <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive			
7. This individual has been subject to disciplinary action that is public information:			<input type="checkbox"/> Yes <input type="checkbox"/> No
8. There is pending disciplinary action against this individual that is public information:			<input type="checkbox"/> Yes <input type="checkbox"/> No
9. There are unresolved complaints regarding this individual that are public information:			<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If questions 7, 8, or 9 are answered "yes", an explanation follows. Other information that the board can share about the licensee that might affect another board's licensing decision: _____			

Board Signature/Date: _____

(Board Seal)

Title: _____

Social Work Licensing Board/Jurisdiction: _____

Email Address/Phone Number: _____



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VI SOCIAL WORK SUPERVISION CALCULATION WORKSHEET

Applicant Name: _____

Applicant License #: _____

Supervisor's Name	Start Date of Supervision (MM/YYYY)	End Date of Supervision (MM/YYYY)	GENERAL SUPERVISION Hours Completed	FACE TO FACE SUPERVISION Hours Completed	Supervisor's License #	Supervisor's Signature

Total Number of
General Supervision Hours: _____

Total Number of
Immediate / Face to Face
Supervision Hours: _____

NOTE: If the applicant's experience was obtained in the Virgin Islands, then verify that the applicant and his/her supervisor held a valid VI. license during that period. If the applicant and/or supervisor were not licensed during the period that the applicant's VI. experience was obtained, then the application packet must be forwarded to the Board for review.



Securing the Virgin Islands through Professional Service

July 20.2021

Department of Licensing and Consumer Affair

Process for requesting a background check from Secure VI.

Send the following documents via E-mail to (rfrancis@secure.vi)

1. Filled Authorization form
2. DLC Application (copy)
3. Submit payment VIA PayPal to www.PayPal.me/secureVI
4. Results will be submitted to DLC as they become available



Securing the Virgin Islands through Professional Service

AUTHORIZATION AND RELEASE FOR A BACKGROUND INVESTIGATION

I, the undersigned, do hereby authorize **DLCA**, by and through its independent contractor, Dennis R. Sheraw and Associates, Inc. DBA Secure VI, to conduct a Background Investigative History Search on me. I understand that this search can include Federal, State, County and/or Territorial, Criminal and/or Civil Court Records, Credit Bureau, Educational Institutions degrees and transcripts and any other public information sources and agencies. A verification of my Social Security Account Number, Date of Birth, present and past addresses may be required.

I further authorize any person, public information source, court, court agency, and/or law enforcement agency who may have information relevant to this Investigative History Search to disclose same to **DLCA** by and through DRSI including, but not limited to any court, public agency, and any and all law enforcement agencies, regardless of whether such person, business entity, or governmental agency compiled the information itself or received it from other sources.

I hereby release **DLCA**, Secure VI, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands of whatever kind, to me, my heirs or others making such claim or demand on my behalf for procuring, providing, brokering and/or assisting with the compilation or preparation of the Investigative History Search hereby authorized.

PLEASE PRINT ALL INFORMATION

PRINTED NAME _____
FIRST MIDDLE & MAIDEN LAST

Alias _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

DATE OF BIRTH _____ / _____ / _____
M D YEAR

Place of Birth _____

CURRENT PHYSICAL ADDRESS _____

Places lived in the past 7 years (Country, State, Territory)

(See back of page)



Securing the Virgin Islands through Professional Service

Ensure that there are no gaps in the dates. Use additional space below in necessary

Complete Address – Physical and Mailing Example (35 Estate Welcome, PO Box 11111, Christiansted, VI 00820)	From (Date)	To (Date)

SIGNATURE _____ DATE _____