

DEPARTMENT OF LICENSING AND CONSUMER AFFAIRS
V.I. BOARD OF ARCHITECTS, ENGINEERS AND LAND SURVEYORS

REQUEST FOR RENEWAL OF REGISTRATION

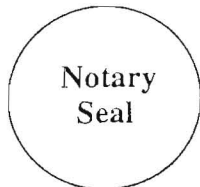
Architect \$130.00 Engineer \$130.00 Land Surveyor \$52.00 Landscape Architect \$130.00

1. Full Name _____
2. Mailing Address _____
3. Physical Address _____
4. Business Telephone () _____ 5. Home Telephone () _____
6. Name of Employer _____
7. Employer's Address _____
8. Has your license ever been revoked or suspended? () yes () no
If yes, please explain: _____
9. Virgin Islands Resident () yes () no If yes, how long? _____
10. Have you ever been censured for unprofessional conduct? () yes () no
If yes, please explain: _____
11. Have your license ever been expired for more than one year? () yes () no
If yes, please explain: _____

Signature of License Holder

Permit Number

I, _____, being duly sworn, depose and say that I am the person who executed the
(Name of License Holder)
above document and that the matters stated therein are true to my knowledge.
Sworn and subscribed before me this _____ day of _____, 20_____.



My Commission Expires _____

Notary Public's Signature

*This form must be submitted along with your renewal fee, back copy of your last license and your favorable tax clearance letter from the V.I. Bureau of Internal Revenue to the address below.

V.I. Board of Architects, Engineers and Land Surveyors
Department of Licensing and Consumer Affairs
3000 Golden Rock Shopping Center, Suite 9
Christiansted, VI 00820-4311

GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
*****0*****
VIRGIN ISLANDS BUREAU OF INTERNAL REVENUE
*****0*****
APPLICATION FOR
TAX FILING AND PAYMENT STATUS REPORT-LICENSING

The applicant identified below hereby requests a letter certifying his or her tax filing and payment status for the purpose of receiving a new or renewal license from the Department of Licensing and Consumer Affairs pursuant to Section 101 of Act 5060, codified as Title 27, Section 304, Subchapter (j), Virgin Islands Code. The applicant authorizes the Virgin Islands Bureau of Internal Revenue to disclose any taxpayer information related to this application to the Department of Licensing and Consumer Affairs, who may make such further disclosures as are necessary to carry out the requirements of Act 5060.

- 1. BUSINESS NAME: _____
- 2. BUSINESS EIN: _____
- 3. OWNERS SSN: _____ SPOUSE SSN: _____
- 4. PLEASE INDICATE: _____ NEW LICENSE _____ RENEWAL
- 5. _____ SELF-EMPLOYED _____ CORPORATION _____ PARTNERSHIP _____ LLC _____ LLP
- 6. DO YOU HAVE EMPLOYEES? _____
- 7. PLEASE CIRCLE FORMS THAT YOU USE:
(1040/8689,1065,1120,941VI,720VI,720BVI,722VI, OTHER(list) _____
- 8. DATE BUSINESS STARTED: _____ LICENSE EXPIRATION DATE: _____
- 9. PERSON REPRESENTING APPLICANT: _____
- 10. POSITION OF REPRESENTATIVE: _____
- 11. SIGNATURE: _____
- 12. MAILING ADDRESS: _____
- 13. PHYSICAL ADDRESS: _____
- 14. DATE: _____ TELEPHONE : _____

REPLY TO: 9601 ESTATE THOMAS, ST. THOMAS, VIRGIN ISLANDS 00802
OR 4008 ESTATE DIAMOND, PLOT 7B, CHRISTIANSTED, VIRGIN ISLANDS 00820-4421

[See back of Form for instructions]