



Government of the Virgin Islands  
of the United States

Department of Licensing and Consumer Affairs

Golden Rock Shopping Center  
3000 Estate Golden Rock, Suite 9  
St. Croix, VI 00820-4311  
Telephone: 340.773.2226  
Facsimile: 340.773.6982

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

Property & Procurement Bldg  
8201 Subbase, Suite 1  
St. Thomas, VI 00802-5826  
Telephone: 340.774.3130  
Facsimile: 340.776.8303

Attach (3)  
2x2 photos  
of Applicant  
here

APPLICATION FOR EXAMINATION

I hereby apply for a certification of Certified Public Accountancy, under the laws of the Virgin Islands of the United States, and I agree to abide by the decisions of the Virgin Islands Board of Public Accountancy as to this application.

I tender herewith **\$250.00** in payment of the application fee. I agree to conform to the rules and regulations of the Board, and if accepted, to be governed by laws and rules of the Board.

Part I

1. Full Name \_\_\_\_\_  
First Middle Last
2. Physical Address \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. Business Address \_\_\_\_\_
5. Business Telephone ( ) \_\_\_\_\_ 6. Home Telephone ( ) \_\_\_\_\_
7. Birth Date \_\_\_\_\_ 8. Birth Place \_\_\_\_\_
9. Citizenship \_\_\_\_\_ 10. Naturalized: ( ) yes ( ) no
11. If not naturalized, have you duly declared your intention of becoming a citizen of the United States?  
( ) yes ( ) no If yes, before what court and when?  
\_\_\_\_\_
12. Social Security Number \_\_\_\_\_
13. Virgin Islands Resident ( ) yes ( ) no If yes, how long? \_\_\_\_\_
14. Previous Address \_\_\_\_\_
15. Present Business Activity \_\_\_\_\_

**NOTE** - If not a native born, applicants are required to submit either (a) original naturalization papers or certificate copies of same or (b) certification from the Clerk of the Court wherein you were naturalized.

**Part II**

16. Have you ever been convicted of a felony? ( ) yes ( ) no

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Are you licensed in another state or country? ( )yes ( )no

IF YES, LIST CURRENT PROFESSIONAL REGISTRATIONS:

State/Country	Registration or License #	Title of License	Expiration Date

18. How was the certificate obtained?  Oral Exam  Written Exam  Other\_\_\_\_\_

\_\_\_\_\_

19. Has your license ever been revoked? ( ) yes ( ) no

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

20. Have you ever been censured for unprofessional conduct? ( ) yes ( ) no

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Have you ever taken the C.P.A. Examination? ( ) yes ( ) no

IF YES, PLEASE LIST:

Place	Date	Result

22. Have you taken any other accounting examination? ( ) yes ( ) no

IF YES, PLEASE LIST:

Type of Exam	Place	Date	Result

23. List present or past membership in any accounting society:

ACCOUNTING SOCIETY	MEMBERSHIP LEVEL

24. REFERENCES (Please list and submit letters for five (5) references, two (2) of which must be residents of the Virgin Islands and three (3) of which must be practicing Certified Public Accountants. At least (1) practicing CPA must be licensed in the Virgin Islands. Please submit copies of current registrations for each practicing CPA used as a reference).

Name	Address	Telephone Number
1.		
2.		
3.		
4.		
5.		

**Part III**

**The Board of Examiners will not consider any application unless it contains full details of every employment or other occupation (whether related to accounting or not) prior to date of application. The name and address of every school and employer must be given and be accompanied by the dates of attendance or employment. In the case of practice on the applicants own account, there must be evidence supporting the statements made. Applications lacking the complete information required will not be considered by the Board.**

25. Educational History (please give complete details of school, college and university records specifying certificates of graduation, if any. Address of each educational institution and dates of attendance must be given).

School	Address	Date of Attendance	Degree

26. Credit hours of study in accounting schools: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Record of Employment and Occupation: List last employer first, you may use additional sheet if necessary following the same format.

Date of Employment	Description of Duties (Be Specific)	Job Title	Employer Name and Address

28. Remarks: (State here any other facts which you feel are important to this application):

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**Part IV**

**AFFIDAVIT**

(Must be completed by all applicants)

29. State of \_\_\_\_\_  
Territory of \_\_\_\_\_  
Country of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, depose and say that I am the person who executed the foregoing instrument; that I have read the same and know the contents thereof; that the matters stated therein are true to my knowledge; that I have not suppressed any information that might affect this application; and that I have read and understand this affidavit.

\_\_\_\_\_  
Applicant's Signature

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public

My Commission expires on \_\_\_\_\_

Do not write below this line:

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**Board Disposition**

**Application Approved:**

(\_\_\_\_) YES

(\_\_\_\_) NO

\_\_\_\_\_  
**Signature, Chairman of the Board**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Member**

\_\_\_\_\_  
**Member**

\_\_\_\_\_  
**Member**

\_\_\_\_\_  
**Member**