



Virgin Islands Board of Public Accountancy
Request for Annual Renewal of CPA Permit - Individual

Directions:

Complete this form in its entirety and submit with the annual permit fee of \$50.00 to the Virgin Islands Department of Licensing and Consumer Affairs. Payment may be made by cash or check payable to the Government of the Virgin Islands. A late fee of \$10.00 per each month the application is submitted after June 30 will be charged. The annual permit fee is not prorated for new or renewal applications submitted after the June 30 date.

1. Full Name _____ **Social Security Number** _____

Date of Birth _____

2. Maiden Name _____ **Race** _____ **Gender** () M () F

3. Personal Mailing Address including zip code

4. Physical Address

3. Current Place of Business or Employment

4. Business Address

5. Business Telephone(_____) _____ **Home Telephone** (_____) _____
Cellular Telephone (_____) _____ **Fax Telephone** (_____) _____

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6. E-mail Address _____

7. Indicate the address preference for mailings and other communication

Personal () Business () Physical ()

8. Indicate the number of continuing professional education hours obtained in the last calendar year by area of study (ex. Tax, Auditing and Accounting, Governmental, Other)

9. Are you currently licensed in another state? () Yes () No

If yes, please list the state(s) and the status of the license (Active or Inactive)

10. Are you currently a member of a State Society? () Yes () No

If yes, please list the name of the society

11. Indicate your area of practice () Sole Proprietor () Government Agency
() Partner in a CPA firm () EDC firm () Other _____

12. Are you current in all Virgin Islands and Internal Revenue Service tax filings?
() yes () no If no, briefly describe

13. Are you aware of any complaints brought against you in the past year? () Yes () No
If yes, briefly describe:

Applicant's Name _____

14. Has there been or are there any pending criminal charges against you or your firm?
() Yes () No If yes, briefly describe:

15. Are you aware of any investigations or indictments against you or your firm?
() Yes () No If yes, briefly describe:

I, _____ certify that under penalty of perjury that
the foregoing is true and correct.

Signature of CPA _____

Date _____

DLCA / STATE BOARD USE ONLY

Received by: _____

Payment: _____

Date: _____

Permit Number: _____

National Candidate ID number: _____

Initial CPA Exam Date: _____

Date CPA Exam Passed: _____

Basis for License: Exam: _____ Reciprocal: _____ Grade _____

Transfer: _____

License Number: _____