



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: 340.713.3522
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

For DLCA use only:
Date rec'd: _____
Date filed: _____
Date transmitted to Board: _____

Attach
(3) 2x2 photos
of Applicant
here

US VIRGIN ISLANDS BOARD OF PUBLIC ACCOUNTANCY
APPLICATION FOR EXAMINATION and INITIAL LICENSURE

*All supporting documentation submitted prior to a complete application submittal will
only remain on file for one year from the date received.*

___ UAA Exam ___ Reciprocity and USVI Local CPA Exam
___ Initial Licensure and USVI Regulation (*Local*) Exam

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 \$150.00 non-refundable application fee, in payment of the application. 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. An application will not be considered filed until the application fee and examination fee required by these Rules and all required supporting documents have been received, including proof of identity as determined by the Board and specified on the application form, official transcripts and proof that the Candidate has satisfied the education requirement.

A Candidate who fails to appear for the examination shall forfeit all fees charged for both the application and the examination.

Part I

1. Legal Name _____
First Middle Last
2. Physical Address _____
3. Mailing Address _____
4. Business Name _____
5. Business Address _____
6. Email Address: _____
7. Business Tel (____) _____ Mobile(____) _____
8. Birth Date _____ 9. Birthplace _____
10. Social Security Number: _____
11. Virgin Islands Resident () yes () no If yes, how long? _____
12. Previous Physical Address _____
13. Present Business Activity _____
14. Have you ever been convicted of a felony? ___ yes ___ no. If yes, please explain:





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15. If applying for reciprocity, list current professional registrations:

IF YES, LIST CURRENT PROFESSIONAL REGISTRATIONS:

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

16. Has your license ever been revoked? () yes () no If yes, please explain:

17. Have you ever been censured for unprofessional conduct? () yes () no If yes, please explain: _____

18. Have you ever taken the Uniform C.P.A. Examination? () yes () no
IF YES, PLEASE LIST:

Type of Exam	Place	Date	Result

19. Have you taken any other accounting examinations? () yes () no
IF YES, PLEASE LIST:

Type of Exam	Place	Date	Result



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

ACCOUNTING SOCIETY	MEMBERSHIP LEVEL

21. PROFESSIONAL & CHARACTER REFERENCES

List and submit three (3) professional references from practicing Certified Public Accountant, (note that at least, one must be from the US Virgin Islands) and two (2) character references. Please submit copies of current registrations for each practicing CPA used as a reference.

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

Part II. FOR NEW APPLICANTS ONLY

The CPA Board 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.

22. **Educational Requirements:** 150 credit hours of college education to include an accounting concentration or equivalent is required for UAA examination and licensure. An official sealed transcript must be sent from the institution directly to the Board. Applicant must have earned a Baccalaureate or Graduate degree from an accredited university; obtained at a minimum 24 semester hours of accounting courses including auditing & attestation, financial accounting and reporting, cost and management accounting, and taxation; in addition, 24 semester hours of business courses. *The VI Code and Board Rules and Regulations are available on DLCA's website at <http://www.dlca.vi.gov/boardcertifications/steps/cparequirements/cpalist.htm>*

School	Address	Date of Attendance	Degree Earned



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23. EMPLOYMENT REQUIREMENT

THIS FORM MUST BE SUBMITTED BY THE VERIFIER. APPLICANTS SUBMITTAL OF THIS INFORMATION WILL NOT BE ACCEPTED.

VERIFIER'S RESPONSIBILITIES:

*You have personally verified the work performed by the candidate. You certify that your CPA license was current throughout the entire duration of the candidate's experience. You either employed the candidate or both you and the candidate were employed by the same firm and the experience listed is appropriate for the applicable categories. **The verifying licensed professional must complete this section and return directly to the VI State Board of Accountancy at the above listed address.***

Employment shall consist of full or part time employment that extends over a period of no less than a year and no more than three years and includes no fewer than 2,000 hours of performance of services described in section 3.2c of the Rules. Please list the hours performed by the candidate in each category and give a FULL explanation of the work done in each category. Please attach narrative if additional space is required and list the category where the hours were obtained.

APPLICANT NAME: _____

VERIFIER NAME/TITLE: _____

LICENSED VERIFIER PROFESSIONAL INFORMATION:

BUSINESS NAME AT TIME OF VERIFICATION: _____

BUSINESS ADDRESS: _____

CONTACT NUMBER (S): _____

TYPE OF INDUSTRY:

- ☐- GOVERNMENT ☐- ACADEMIA ☐- INDUSTRY (not an accounting firm)
☐- PUBLIC PRACTICE (accounting firm) ☐- OTHER (specify below)

CANDIDATE'S EXPERIENCE UNDER MY VERIFICATION WAS FROM:

NOTE: DATE CANNOT GO PAST DATE THAT CERTIFICATION APPLICATION RECEIVED BY BOARD.

____/____/____ TO ____/____/____ (USE COMPLETE DATES)
MM/DD/YYYY MM/DD/YYYY

INTERNSHIP DATES, IF APPLICABLE:

INTERNSHIPS CANNOT BE COUNTED IF ON COLLEGE TRANSCRIPTS FOR CREDIT

____/____/____ TO ____/____/____ (USE COMPLETE DATES)
MM/DD/YYYY MM/DD/YYYY



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EMPLOYMENT REQUIREMENT (#23 Verifier portion continued)

THIS FORM MUST BE SUBMITTED BY THE VERIFIER. APPLICANTS SUBMITTAL OF THIS INFORMATION WILL NOT BE ACCEPTED.

EXPERIENCE WAS OBTAINED IN:

Category	No. of Hours	Job Title	Duties (be specific)
Accounting			
Attestation			
Management Advisory			
Financial Advisory			
Tax			
Consulting			
Grand Total Hours			

Certification

I certify under the penalty of perjury that my verification of the candidate's experience is true and correct and that they have obtained the experience as indicated and that I was currently licensed to practice as a CPA during the period of verification. I verify that this application is in the original format as supplied by the Department and has not been altered or otherwise modified in any way. I verify that the statements in this application are true and correct to the best of my knowledge, information, and belief. I understand that false statements may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Verifier - DO NOT PRINT

Printed Name of Verifier

License Number

State of Licensure

Expiration Date of License

Date Signed - *must be within 30 days of receipt.*

VERIFIER MUST BE ACTIVELY LICENSED THROUGHOUT THE WHOLE PERIOD OF VERIFICATION.

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



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AFFIDAVIT

(Must be completed by all applicants)

State of _____

Territory of Country _____

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:

Board Disposition

Application Approved: (____) YES (____) NO

Signature, Chairman of the Board

Date

Member

Member

Member

Member

Member



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US Virgin Islands Board of Public Accountancy
Uniform and VI Regulation "Local" Examination
Registration Form

Date: _____

Name: _____ SS#: _____

Mailing Address: _____

Physical Address: _____

Business Number: _____ Home Number: _____

Fax Number: _____ E-mail: _____

Mother's Maiden Name: _____

Date of last exam section passed: _____ Section Name _____

If applying for reciprocity, what state(s) are you currently licensed in:

Please indicate which section(s) you will be taking by placing an (X) on the line.
Be sure to enclose the proper fees for each section. Payment by check or money
order should be made payable to the Government of the Virgin Islands.

_____	Auditing and Attestation	\$360.00
_____	Financial Accounting & Reporting	\$360.00
_____	Regulation	\$360.00
_____	Business Environment & Concepts	\$360.00
_____	VI Regulation (<i>Local</i>) Exam (Initial)	\$200.00
_____	VI Regulation (<i>Local</i>) Exam (Retake)	\$200.00

Signature _____



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