



**Republic of the Philippines
Professional Regulation Commission
Manila**

Paste here
your recent
PASSPORT SIZE
colored picture
in plain background

This must be filled out personally by the professional.

- ORIGINAL ID
- DUPLICATE
- REPRINT
- CHANGE OF NAME

REGISTRATION DIVISION

APPLICATION FOR PROFESSIONAL ID

NAME: _____

Last Name
First Name
Middle Name

PERMANENT MAILING ADDRESS: _____

DATE FILED: _____ EXAM DATE: _____ PROFESSION: _____

(mm/dd/yyyy)
(mm/dd/yyyy)

REGISTRATION DATE: _____ LICENSE NO: _____ EXPIRATION DATE: _____

(mm/dd/yyyy)
(mm/dd/yyyy)

CITIZENSHIP: _____ BIRTH DATE: _____ TEL.NO. _____

(mm/dd/yyyy)

FOR PRC PROCESSING

YLP FROM: _____ TO: _____ P/ _____ Amount: _____ O.R. NO.: _____

SURCHARGE: _____ Date: _____ Issued by: _____

TOTAL AMOUNT: _____ VERIFIED AND ASSESSED BY: _____

FOR PRC DATABASE

DATE FILED: _____

PERSONAL INFORMATION

NAME: _____

BIRTH DATE: _____

PERMANENT MAILING ADDRESS: _____

TEL. NO. _____ SEX: MALE FEMALE

E-MAIL ADDRESS: _____

SPECIALIZATION/S (if any): _____

PLACE OF PRACTICE/EMPLOYMENT:

Local Abroad
Country: _____

Urban Rural

SECTOR: Government Private

EMPLOYER: _____

HOURS OF WORK PER WEEK (Estimate) TYPE OF EMPLOYMENT
 Full-time Part-time

ACADEMIC DATA

SCHOOL GRADUATED FROM: _____

GRADUATION DATE: _____

MONTHLY INCOME FROM PROFESSIONAL PRACTICE:

less than P10,000 P10,000 - P30,000

P31,000 - P50,000 P51,000 - P70,000

P71,000 - P90,000 P91,000 and above.

PROFESSIONAL DATA

PROFESSION: _____

SSS/GSIS NO. _____

REGISTRATION DATE: _____

EXPIRATION DATE: _____

PROFESSIONAL ORGANIZATION/S: _____

EMPLOYMENT DATA

PRACTICING PROFESSION? YES NO

FIELD: Academe Practicing
 Research Others (Pls. Specify)

PROFESSIONAL DEVELOPMENT

1. Do you undergo professional education training/seminars?
 Yes No

2. On the average, how many hours a year?

3. Do you favor continuing professional education on a mandatory basis?
 Yes No

This is to certify that all the information above are true and correct.

SIGNATURE OF LICENSEE

ISSUED BY: _____ DATE FILED: _____

| | |
|--|-----------|
| NAME: | AMOUNT |
| PROFESSION: | OR NO. |
| LICENSE NO. | DATE PAID |
| APPLICATION TYPE: <input type="checkbox"/> ORIGINAL ID <input type="checkbox"/> DUPLICATE <input type="checkbox"/> REPRINT <input type="checkbox"/> CHANGE OF NAME | |

Please present this slip to claim your professional ID on _____ at Window _____

(NOTE: REPRESENTATIVE WITH PROPER IDENTIFICATION SHOULD PRESENT SPECIAL POWER OF ATTORNEY FROM THE REGISTERED PROFESSIONAL AND THIS ORIGINAL CLAIM SLIP. PROFESSIONAL WITH PROFESSIONAL ID WHO IS ACTING AS REPRESENTATIVE MAY PRESENT AUTHORIZATION LETTER AND HIS/HER PROFESSIONAL ID.)

PROCEDURES

Step 1. Present duly accomplished form together with the requirements at:

UNIT A – Window 16

UNIT B – Window 19

UNIT C – Window 30

Step 2. Pay prescribed fees at the Cashier.

UNIT A – Window 15

UNIT B – Window 22

UNIT C – Window 26

Step 3. Get your claim slip at adjacent window.

Step 4. Claim your professional license as scheduled. Please refer to your claim slip for further instructions.

REQUIREMENTS

1. Duly accomplished form
2. Two (2) cps. passport size picture: close up, colored, plain background
3. Photo/Xerox copy of recent professional ID card
4. **Authorization Letter** authorizing (**name of PICPA representative, Ms. Ollie D. Anonuevo**) to process your Professional ID.
5. Photocopy of passport (**if abroad**).
6. In case of **LOST professional ID card/Board Certificate**, the applicant shall submit notarized **Affidavit of Loss**
7. In case of **DESTROYED** professional ID card, the applicant shall surrender the destroyed card.

Note: **Representatives** filing the application and claiming the professional ID in behalf of the professional must present **Special Power of Attorney** and **valid identification of the professional and the representative**. **Registered professional** acting as representatives may transact with PRC upon presentation of **Authorization Letter** and his/her **professional ID**.