



Request for Documentation from the Commonwealth

Authorization for the Use of Information from an Individual or a Legal Entity

I. Authorization:

I, _____ of legal age, authorize the Commonwealth of Puerto Rico (the Commonwealth), by means of any of its entities, instrumentalities or agencies as well as by any of its public officials, to use the following personal information to apply for any certifications required for the following purpose:

Nature of the Official Transaction:			
Full Name (individual or entity):			
Address (Urbanization / Condominium):		City or Town:	
Address (Number and Street):		State:	Country:
Email:		PR.GOV ID (if available)	
		P R -	

Type of Entity (select ONE and provide the corresponding information)

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	
Birth date (day / month / year)	IRS Employer Identification Number:	PR Department of State Registration Number:
Individual Social Security Number:	State Insurance Fund Policy Number:	Chauffeur's Insurance Registration Number:
Driver's License Number:		

This authorization shall become effective immediately, and will remain in effect for the purposes of complying with Circular Letter Number 1300-16-16 so long as I maintain a contractual relationship with the Commonwealth.

II. I Understand that by Submitting this Authorization:

- I authorize the Commonwealth to use and retain in a digital profile the individually identifiable information I provide herein for the purposes set forth in the previous section.
- If I sign this Authorization, I have the right to revoke it at any time, unless there has already been governmental action taken under it. Revocation of this Authorization may be made only in writing, and should not affect any use or disclosures already made thereunder.
- I have the right to receive a copy of this document.
- I have the right to have on-line access to the results received based on the information I have provided, and to receive a copy of the same.
- I reserve the option to exercise any right that assists me for review of any information provided under the rules established by the agency or entity concerned.
- I have read and agree with the Commonwealth's Public Policy regarding privacy, use and disclosure of personal information.
- This authorization constitutes a waiver in favor of the Commonwealth, its officers, employees or agents from any liability arising from the delegation of the request for certification.

_____ I certify that I have the legal capacity required to request said documents.

Signature: _____

Date: _____

In case of a legal entity, indicate in what capacity this authorization is issued and provide the corporate resolution or any other document that certifies the information requested in accordance with the legal nature of the entity.

Received by:

Signature: _____

Name: _____

Position: _____

Agency: _____