



DEPARTAMENT OF CONSUMER AFFAIRS

www.daco.pr.gov

STATEMENT OF COMPLIANCE

I. GENERAL INFORMATION

Petitioner's name: _____

Indicate: Owner Administrator

Business location: _____

Postal address: _____

Telephone Number: Office: (_____) _____ - _____ Other: (_____) _____ - _____

Business organization:

Individual Partnership Corporation Other

Other branches or locations: _____

Petitioner's main business activity:

Type of license applying for:

Corporation identification number: _____

Date and place of incorporation: _____

Name and address of Principal Officer, Senior Partner or Manager: _____



Telephone (_____) _____ - _____

E-Mail Address: _____

Insurers Name: _____

Policy or Bond Number: _____

Insurance Company postal address: _____

Insurance Company telephone and fax number: _____

Indicate if the Department of Consumer Affairs has any investigation pending regarding petitioner's business:

YES NO

DATE: _____

Indicate if the Department of Consumer Affairs has initiated any investigation regarding petitioner's business in the last five years: Yes No

If applicable, indicate date and status of investigation: _____

Indicate if petitioner has been fined by the Department of Consumer Affairs:

Yes No Date: _____ Paid Pending

Indicate if the Department of Consumer Affairs has received complaints filed against petitioner:

NO YES DATE _____ Complaint number: _____



II. COMPLEMENTARY DOCUMENTS

Every application should include the following:

- \$100.00 Certified check, bank or postal draft issued to “Secretario de Hacienda”

III. CERTIFICATION

I hereby certify that the information provided is truthful and correct to the best of my knowledge:

In (City) _____, (State) _____ on (date) _____.

Name

Signature

For Agency’s use only:

Date of filing: _____

Action taken:

- () Denied request
- () Provisional license
- () Permanent license

Observations:

Date

Signature