



**NMRLD**

NEW MEXICO  
REGULATION &  
LICENSING DEPARTMENT

**Board of Accountancy**

**Certified Public Accountant Application User Guide**

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## Application for Certified Public Accountant

In the Pre-Screening, you will answer questions pertaining to your **Reciprocity** and **Military** status.

1. The first question of the **Pre-Screening** asks if you hold a license anywhere other than New Mexico. If you select **“No”** using the radio button, you may then proceed using the **“Start Application”** button.

RLD Intake

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### Pre-Screening

To start your application answer the following questions. Once the questions are answered, you will see the requirements necessary to complete your application.

\* Do you hold an active CPA license that is current and in good standing, issued by another jurisdiction (other than New Mexico)?

Yes  No

\*\* Jurisdiction means another state, territory or foreign country and does not include New Mexico.

[Save for later](#)
Start Application

- a. If you do hold a license outside of New Mexico and select **“Yes”**, you will be prompted with another question regarding your **Military Status**. If you have any Military associations matching the question, select the **“Yes”** radio button. Otherwise, you can select **“No”**. You may then proceed using the **“Start Application”** button.

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### Pre-Screening

To start your application answer the following questions. Once the questions are answered, you will see the requirements necessary to complete your application.

\* Do you hold an active CPA license that is current and in good standing, issued by another jurisdiction (other than New Mexico)?

Yes  No

\*\* Jurisdiction means another state, territory or foreign country and does not include New Mexico.

\* Are you a military service member, veteran, or the spouse of a person who is serving in the United States, a surviving spouse of a military service member who at the time of the member's death was serving on active duty, or a qualifying child/dependent of a military service member?

Yes  No

\*\* Military service member means a person who is:

- serving in the armed forces of the United States as an active-duty member, or in an active reserve component of the armed forces of the United States, including the national guard;
- the spouse of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard, or a surviving spouse of a member who at the time of the member's death was serving on active duty; or
- the child of a military service member if the child is also a dependent of that person for federal income tax purposes; and

Veteran means a person who has received an honorable discharge or separation from military service.

[Save for later](#)
Start Application

2. In the **Introduction** step, read the information carefully, then click “Next”.

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
### Introduction

Thank you for starting your application for a license with the New Mexico Regulation and Licensing Department. This licensing portal will guide you through the licensing requirements and allow you to save your work and return to your application if you do not complete it all at one time.

This application will confirm that each individual applying meets all requirements for licensure set by either state statute or regulations governing the profession. These licensing requirements, along with continuing education, regular renewals, and compliance monitoring assist to safeguard the profession and certify that licensees meet minimum education, training, and health and safety standards to ensure public trust.

If you have further questions regarding licensure or the Regulation and Licensing Department Boards and Commissions Division, please visit the website at [www.rld.nm.gov/boards-and-commissions/](http://www.rld.nm.gov/boards-and-commissions/). Each Board and Commission have their own webpage with specific requirements for licensure, continuing education, renewals, public meeting information, and a direct phone number and email to their respective administrator and other support staff who can be reached for help.

If you are ready to apply, please click the Save & Next button to begin your application.



Please ensure that you are applying for the correct license, permit or exam approval. Incorrect applications or those submitted in error may result in delays or additional application fees. Please note all fees are non-refundable even if the application is denied or withdrawn.

Save for later
Previous
Next

3. On the **Basic Information** page, verify that all information is valid and up to date.

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- **Basic Information**
- Licensure Information
- Questions
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### Basic Information

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly.

Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

**Note:** If you change any profile information, you will need to restart your application, so that your application reflects your updates.

My Profile

▼ **Applicant Information**

\* First Name

Middle Name

\* Last Name

Any other name(s)

\* Phone Number

\* Email Address

▼ **Mailing Address**

\* Mailing Street

\* Mailing City

\* Mailing State

Mailing County (if in New Mexico)

\* Mailing Zip

\* Mailing Country

Save for later
Previous
Next

- a. If your information is **Not Up to Date**, select the **“My Profile”** button at the top left to update your information.

- Pre-Screening
- Introduction
- **Basic Information**
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### Basic Information

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly.

Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

My Profile

▼ Applicant Information

\* First Name

Middle Name

\* Last Name

Any other name(s)

\* Phone Number

\* Email Address

▼ Mailing Address

\* Mailing Street

\* Mailing City

\* Mailing State

Mailing County (If in New Mexico)

\* Mailing Zip

\* Mailing Country

Save for later

Previous
Next

- i. Select the **“Edit”** button at the bottom right of the page.

My Profile

▼ Person Information

\* First Name

Middle Name

\* Last Name

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

Race

Ethnicity

Preferred Language

Are you a New Mexico Resident?

Date of Birth

Gender

Primary Phone No

Business Phone No

Identifier Type

Identifier Number

▼ Mailing Address

Mailing Street

City

State/Province

Country

Zip Code

County (If in New Mexico)

Edit

- ii. Enter in all relevant updated data and select **“Save”** at the bottom right when completed, then return to your application and click **“Next”**.

**My Profile**

Person Information

\*First Name Middle Name \*Last Name

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

\*Race \*Ethnicity \*Preferred Language \*Are you a New Mexico Resident?

\*Date of Birth \*Gender

\*Primary Phone No Business Phone No

\*Identifier Type \*Identifier Number

Mailing Address

\*Mailing Street

\*City State/Province

Country \*Zip Code Country (if in New Mexico)

Cancel Save

- b. If your information is **Up to Date**, select the **“Next”** button at the bottom right of the page.

Pre-Screening Introduction **Basic Information** Licensure Information Questions Upload Documents Attestation Payment Confirmation

**Basic Information**

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly. Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

My Profile

Applicant Information

\*First Name Middle Name \*Last Name

Any other name(s)

\*Phone Number \*Email Address

Mailing Address

\*Mailing Street

\*Mailing City \*Mailing State

Mailing County (if in New Mexico) \*Mailing Zip

\*Mailing Country

Save for later Previous Next

## Licensure Information (Reciprocity and Military)

If you selected “**Yes**” to any of the questions in the **Pre-Screening**, you will have an additional application section for **Licensure Information**.

- a. Select the “**Add New**” button to begin entering your license information. A smaller window will then open asking for additional information.

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### Licensure Information

Specify all active licenses in another jurisdiction in similar profession  
If you need to view, edit or delete any records, click the down arrow under action for that specific record.

License Number	Issuing State/Territory	Issue Date	Expiration Date	Action
				Add New

▼ Military Information

- b. In the newly opened window, enter your full **License Number** exactly as it appears on your out-of-state license. Then use the dropdown to select the **State/Territory** that issued your license. You can then enter the **Issue Date** and **Expiration Date** in their respective fields by using the calendar icon. The format for dates is MM/DD/YYYY. Once your information is entered, select “**Save**”.

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

### State Licenses

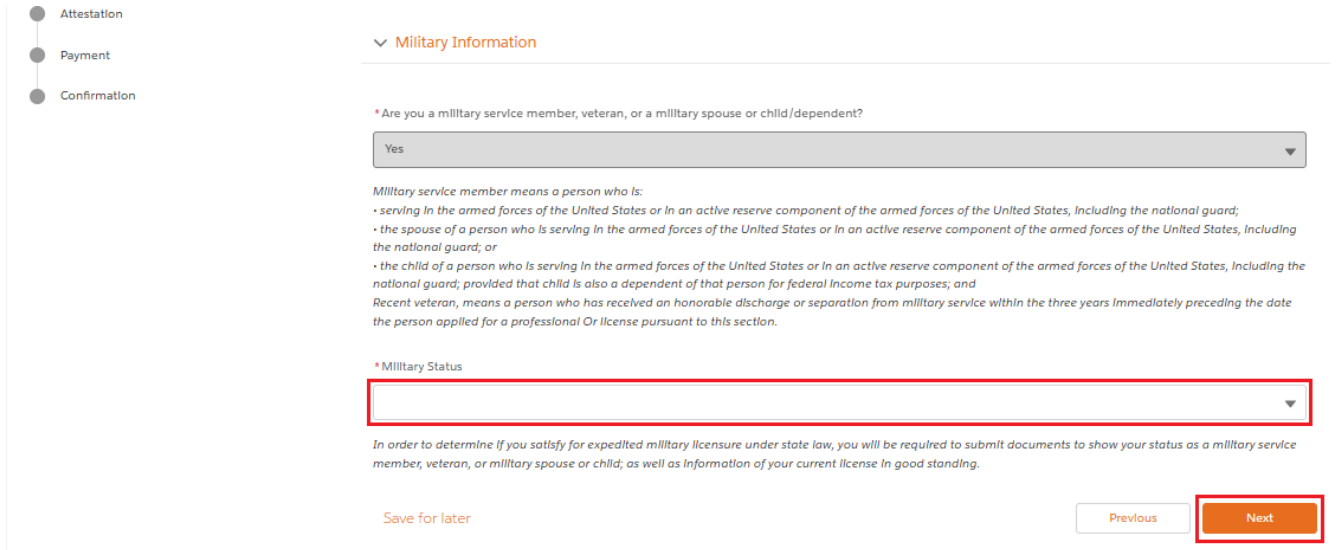
\* License Number

\* Issuing State/Territory

\* Issue Date

\* Expiration Date

- c. If you selected “**Yes**” to the military question in your **Pre-Screening**, a secondary question will populate in the **Licensure Information** section. Use the dropdown to select your **Military Status** among the options listed.



Attestation  
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Confirmation

▼ Military Information

\* Are you a military service member, veteran, or a military spouse or child/dependent?

Yes

*Military service member means a person who is:*

- serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard;
- the spouse of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard; or
- the child of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard, provided that child is also a dependent of that person for federal income tax purposes; and

*Recent veteran, means a person who has received an honorable discharge or separation from military service within the three years immediately preceding the date the person applied for a professional or license pursuant to this section.*

\* Military Status

In order to determine if you satisfy for expedited military licensure under state law, you will be required to submit documents to show your status as a military service member, veteran, or military spouse or child; as well as information of your current license in good standing.

Save for later

Previous **Next**

- d. With your license information added and your **Military Status** selected, click “**Next**” to proceed with the rest of your application.

4. In the **Questions** section, you will answer questions about your licensure, education, and background. Please complete each section of this page, as they are all required to proceed. Questions with only one response are a licensure requirement set by your Board/Commission. If you are unable to answer the question truthfully, you may need to contact your Board to inquire about meeting this license type’s requirements.

- a. Read Question 1 carefully, then select the **“Yes”** radio button located directly under the question. This will populate additional fields for you to enter information about the four parts of the Certified Public Accountancy Exam. Use the dropdown to specify the State/Jurisdiction in which you passed your CPA Exam. Then enter the Exam Dates in each section using **MM/DD/YYYY** format, or you can use the **Calendar** icon to select the date from the full calendar view. Select the **Additional Exam Selection** you passed for your CPA Exam then enter the date of that exam in the next date field in the same manner as the others.

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### Questions

**\* Have you successfully completed all four parts of the Certified Public Accountancy Exam?**

Yes

You must successfully pass all four parts of the CPA exam. Examination scores will be sent directly to the Board from NASBA. If you have taken CPA Exam outside New Mexico, please ask NASBA to transfer grades.

**\* Specify the State/Jurisdiction in which you passed the CPA Exam?**

**\* Financial Accounting Reporting (FAR) Exam Date**

**\* Regulations (REG) Exam Date**

**\* Auditing and Attestation (AUD) Exam Date**

**\* Additional Exam Section (select only one)**

- Business Environment and Concepts (BEC)
- Business Analysis and Reporting (BAR)
- Information Systems and Controls (ISC)
- Tax Compliance and Planning (TCP)

**\* Additional Exam Section Date**

- b. After selecting **“Yes”** to Question 2, click **“Add New”** to begin entering your **Person Experience**.

**\* Do you certify that you have at least one (1) year of experience (part time or full time with no fewer than two thousand (2,000) hours earned over a period of no more than (3) three years)? Experience should include providing service or advice involving the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills.**

Yes

*Experience Verification must be submitted by your current supervisor directly to the board. Please review the link for form and directions. Click on down arrow next to CPA CERTIFICATION REQUIREMENTS, then click on Experience Verification to access the form.*

[www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/accountancy/licensing-registration-and-renewal/](http://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/accountancy/licensing-registration-and-renewal/)

**Person Experience**

*If you need to view, edit or delete any records, click the down arrow under action for that specific record.*

Add New

Employer Name	Employment Start Date	Employment End Date	Action

*Part-time experience must be earned within a three (3) year period.*



- c. In the new **Experience Information** page, Use the dropdowns to select the **Type of Experience**, **Employer Category**, and **Supervisor's License State/Jurisdiction** from the lists provided.
- d. Then select the **Area of Experience** for this entry and use the **Right Arrow** to move it into the **Selected** column on the right. You can move multiple **Areas of Experience** to the right column by using the same steps and remove them from the **Selected** column using the **Left Arrow**.
- e. Enter your **Employer Name**, **Supervisor Name**, and **Supervisor CPA License Number** into the appropriately labeled text boxes.
- f. If this is your **Current Employer**, check the box below the **Employer Category**. Then enter your Employment Start and End Dates into the date fields in **MM/DD/YYYY** format, or you can use the **Calendar** icon to select the date from the full calendar view.
- g. When all sections of the **Experience Information** page are completed, click "**Save**" to return to the **Questions** section of the application. Repeat steps c. through g. as necessary until all your **Person Experience** has been entered.

The screenshot shows the 'Experience Information' form with the following fields and elements highlighted with red boxes:

- Type of Experience:** A dropdown menu with the text 'Select Type of Experience'.
- Area of Experience:** A section with two columns: 'Available' and 'Selected'. The 'Available' column contains a list of categories: Accounting, Management Advisory, Attest, Financial Advisory, Consulting, and Tax. A red box highlights 'Accounting', and a right-pointing arrow indicates it is being moved to the 'Selected' column. A left-pointing arrow is also shown below the 'Available' list.
- Employer Category:** A dropdown menu with the text 'Select Employer Category'.
- Employer Name:** A text input field.
- Current Employer:** An unchecked checkbox.
- Employment Start Date:** A date input field with a calendar icon.
- Employment End Date:** A date input field with a calendar icon.
- Supervisor Name:** A text input field.
- Supervisor CPA License Number:** A text input field.
- Supervisor's License State/Jurisdiction:** A dropdown menu with the text 'Select Supervisor's License State/Jurisdiction'.

h. Select “**Yes**” to Question 3, then click “**Add New**” to begin entering your **Education Information**.

\* Do you hold a bachelors degree and at least one hundred fifty (150) college credit hours of which at least thirty (30) hours are in accounting classes?

Yes

Official transcripts are required, board staff will reach out if transcripts are not provided with NASBA grade package.

Education Information

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Institution Name	Degree/Diploma	Start Date	Completion Date	Action
				<b>Add New</b>

i. In the new **Education Information** page, enter the **Institution Name** in the text box. Then select the **Degree/Diploma** type from the dropdown. Finally, enter the **Start Date** and **Completion Date** in **MM/DD/YYYY** format, or you can use the **Calendar** icon to select the date from the full calendar view. When all sections of the **Education Information** page are completed, click “**Save**” to return to the **Questions** section of the application. Repeat steps h. and i. as necessary until all of your **Education Information** has been entered.

Test
10/01/2019
11/01/2025
X

### Education Information

\* Institution Name

\* Degree/Diploma

Select Degree/Diploma
▼

\* Start Date

📅

\* Completion Date

📅

Cancel

Save

- j. Read Question 1 carefully, then select the **“Yes”** radio button located directly under the question. This will populate additional fields for you to enter information regarding your Background Check. Enter the **Date Background Check Submitted** in in **MM/DD/YYYY** format, or you can use the **Calendar** icon to select the date from the full calendar view. Then answer the question regarding your authorization to practice using the **“Yes”** or **“No”** radio buttons.

Education Information  
If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Institution Name	Degree/Diploma	Start Date	Completion Date	Action
<a href="#">Add New</a>				

\* Do you certify that you have submitted a background check using the ORI#NM920240Z?

Yes

You must complete the required background check process prior to proceeding with your application. Your background check must be submitted within the last 30 days as fingerprints are only valid for 30 days. You are required to upload the receipt of background check in document upload section later in the application. You may save your application and continue once you have completed this process. You can refer the instructions by clicking the link.  
[www.rid.nm.gov/boards-and-commissions/individual-boards-and-commissions/accountancy/background-report-instructions/](http://www.rid.nm.gov/boards-and-commissions/individual-boards-and-commissions/accountancy/background-report-instructions/)

\* Date Background Check Submitted

\* Have you ever lost the authorization to practice before the SEC, the PCAOB, the IRS, or another state board of accountancy, or a federal or state taxing, insurance or securities regulatory authority, or a foreign authority or credentialing body that regulates the practice of accountancy?

Yes  
 No

- k. Answer the final four questions in this section by clicking **“Yes”** or **“No”** in the radio button next to the response you are choosing. If you select **“Yes”** to any of these questions, an additional text field will populate for you to **Provide Any Relevant Details** pertaining to the question. You will have an opportunity to upload **Supporting Documents** in a later section of the application.

\* Have you ever lost the authorization to practice before the SEC, the PCAOB, the IRS, or another state board of accountancy, or a federal or state taxing, insurance or securities regulatory authority, or a foreign authority or credentialing body that regulates the practice of accountancy?

Yes  
 No

\* Have you ever had an application or license in this profession denied, suspended, revoked, surrendered, or had any other form of discipline or disciplinary action by a licensing board in another state or jurisdiction?

Yes  
 No

\* Have you been convicted of a felony offense in any jurisdiction that would be considered a disqualifying criminal conviction, as outlined in 16.60.5.14 NMAC?

Yes  
 No

\* Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or any other state?

Yes  
 No

A person who submits an application for an initial license or renewal of a license is not eligible for issuance of the license if the applicant is not in compliance with a judgment and order for support or subpoenas or warrants relating to paternity or child support proceedings.

\* Provide any relevant details below. It is also recommended that you upload any supporting documentation on the document upload page, later in this application.

[Save for later](#)

[Previous](#)

[Next](#)





- l. Once all sections of the **Question** page are complete and correct, click **“Next”** to proceed.

5. In the **Uploaded Documents** section, click the blue **“Upload”** icon to begin selecting the document to upload. All fields marked with a red asterisk (\*) are mandatory for your application.

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### Upload Documents

Document Name	Document Description	Uploaded Files
* AICPA Ethics Exam	AICPA Ethics Exam with a score of 90% or higher.	
* Receipt of Background Check	Receipt of background check submitted within last 30 days.	
Other Supporting Documents	Any supporting documents that could assist in review of the application.	
Official Transcripts	Official Transcripts- may be included with NASBA Grade package. Required 150 credit hours, bachelors degree and at least 30 hours in accounting.	

[Save for later](#)
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- a. Select the **“Upload Files”** button to open the file directory of your computer.

**Upload**

Please attach a copy of the required document.

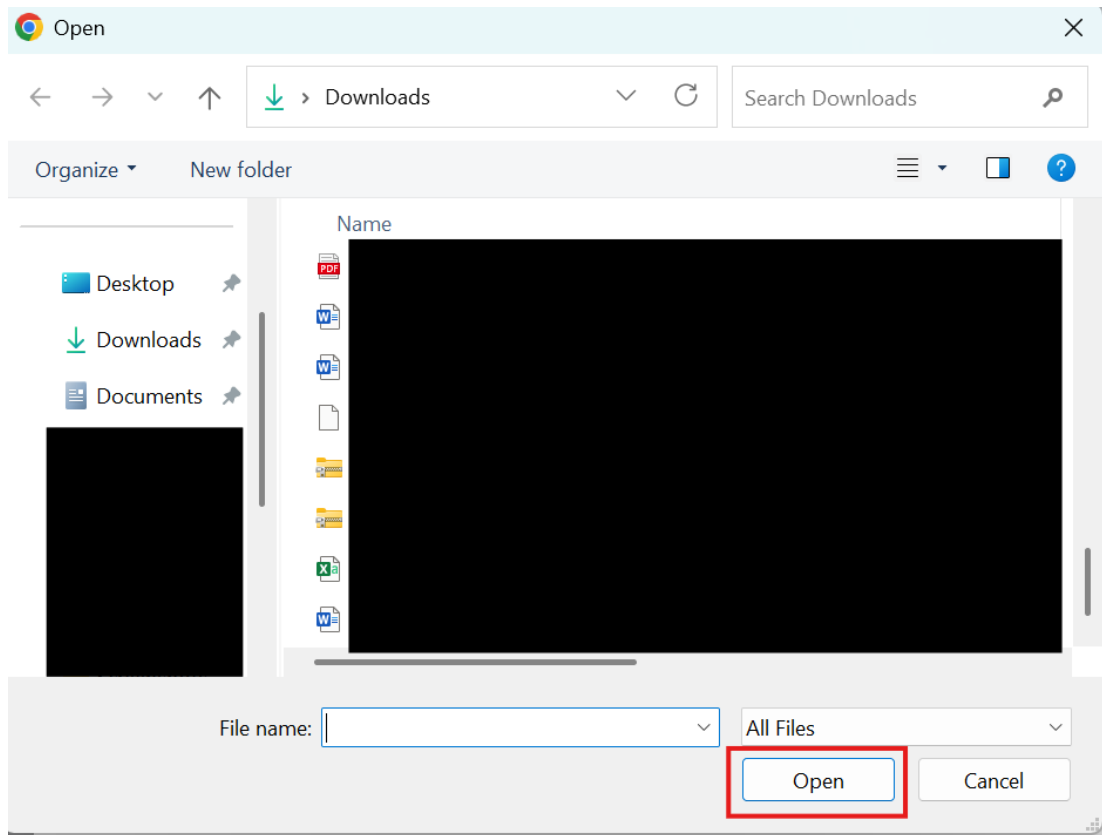
Note that:

1. File size should not exceed 10MB.
2. File extensions will be accepted only of type doc, docx, pdf, png, tiff, jpg, jpeg, txt, csv.
3. Documents may be uploaded as individual files or as a single merged file on the next page.

 **Upload Files** Or drop files

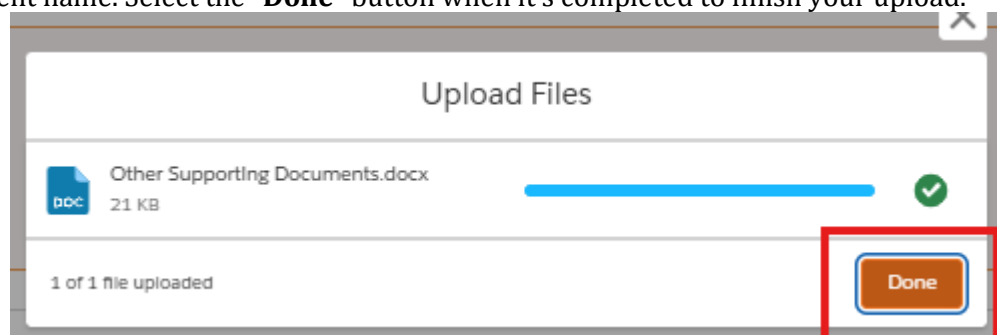
Close

- b. Select the appropriate document requested by your Board from your files, and then select “**Open**” to upload it to your application.

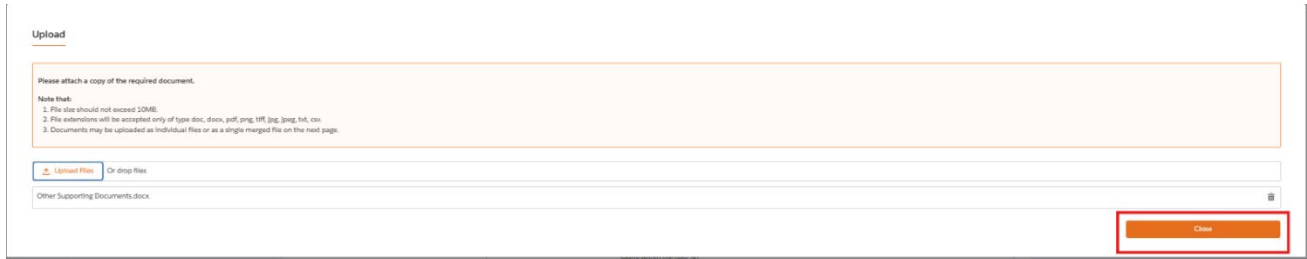


*Note: The document must be under 10MB, and of a supported file type (.doc, .docx, .pdf, .png, .tiff, .jpg, jpeg, txt, csv). If you experience issues, we recommend clearing your cache and cookies for the site and then trying to upload the documents again. If the secondary window does not appear when you click the upload button, you may need to enable pop-ups in your web browser as well.*

- c. The file will notify you when it has finished uploading with a green check mark to the right of the document name. Select the “**Done**” button when it’s completed to finish your upload.



d. You will be able to see your document added and can then select the “Close” option.



Upload

Please attach a copy of the required document.

Note that:

1. File size should not exceed 10MB.
2. File extensions will be accepted only of type doc, docx, pdf, png, jpg, jpeg, tiff, csv.
3. Documents may be uploaded as individual files or as a single merged file on the next page.

Upload Files Or drag files

Other Supporting Documents.docx











Close

e. You will be able to see the documents in each section once you have completed an upload. If you would like to remove any uploaded documents, you can click the red “Trash Can” icon to delete it from your application. Use the orange Eye icon to preview your document and the Download icon to save the uploaded document to your computer.

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### Upload Documents

Document Name	Document Description	Uploaded Files
* AICPA Ethics Exam	AICPA Ethics Exam with a score of 90% or higher.	   
* Receipt of Background Check	Receipt of background check submitted within last 30 days.	   
Other Supporting Documents	Any supporting documents that could assist in review of the application.	
Official Transcripts	Official Transcripts- may be included with NASBA Grade package. Required 150 credit hours, bachelors degree and at least 30 hours in accounting.	

Save for later

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f. Repeat step 5 of this guide until all required documents (\*) have been uploaded. Then click the “Next” button to proceed.

6. On the **Attestation** page, review the statement on the screen. Then select the **checkbox** to certify your agreement. After, **enter your name** and select the **“Next”** button at the bottom right.

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### Attestation

Application Attestation

I hereby certify that I am the person described and identified in this application; this application contains no willful misrepresentation; and the information given by me is true and complete to the best of my knowledge and belief.

I further certify I have read the Public Accountancy Act and Rules and fully understand that I bind myself to be governed by them.

\* Applicant Name:  Date:

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7. On the **Payment** page, review the notice before making any selections.

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### Payment

Select your mode of payment and click "Pay and Submit" to input your payment information. Payments made with a Visa or Mastercard will be charged a 2.5% transaction fee. This is a fee imposed directly by the bank, and no portion of the fee is paid to or collected by the RLD. Payments made by e-check will not result in any transaction fee.

Note: Only select 'Operating Transfer' if your fee will be paid by another New Mexico state agency and you have received formal confirmation from the agency that it is transferring the funds to RLD through an operating transfer. Renewals will not be approved until an operating transfer is confirmed by RLD. If this option is selected, users can bypass the fee payment.

\* Mode of Payment:

The amount to be paid is \$

Please click the **Pay & Submit** button to proceed with the payment.

[Save for later](#) [Previous](#) [Pay and Submit](#)

*Note: **Military Applications DO NOT** require payment.*

- a. Select a **Mode of Payment** then the **“Pay and Submit”** button. When selecting either **Credit Card (Visa or Mastercard)** or **E-Check** as your payment method, a new tab will open directing you to the **CyberSource Payment Gateway** screen. Please disable any pop-up blockers to ensure the page opens correctly in the new tab.

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### Payment

Select your mode of payment and click "Pay and Submit" to Input your payment Information.  
Payments made with a Visa or Mastercard will be charged a 2.5% transaction fee. This is a fee Imposed directly by the bank, and no portion of the fee is paid to or collected by the RLD. Payments made by e-check will not result in any transaction fee.

Note: Only select 'Operating Transfer' if your fee will be paid by another New Mexico state agency and you have received formal confirmation from the agency that it is transferring the funds to RLD through an operating transfer. Renewals will not be approved until an operating transfer is confirmed by RLD. If this option is selected, users can bypass the fee payment.

\* Mode of Payment

The amount to be paid is \$

Please click the **Pay & Submit** button to proceed with the payment.

[Save for later](#) [Previous](#) [Pay and Submit](#)

*Note: Payments are processed through a separate system, and your credit card info is not stored or saved by RLD. Cybersource is a SoNM billing platform, and this is not phishing or other malware. Upon payment completion, you will receive a payment receipt to the email address you have entered in the Payment Gateway.*

- b. Fill out all fields in the **Billing Information** and **Payment Information** portions, then **Review** the transaction information before paying. Click the **“Next”** button to proceed through the entire payment process. Once your payment is completed, you may close your tab with Cybersource where you processed your payment.

Billing
Payment
Review
Receipt

#### Billing Information

\* Required field

First Name \*

Last Name \*

Company Name

Address Line 1

City

Country/Region United States of America

State/Province New Mexico

Zip/Postal Code

Phone Number \*

Email \*

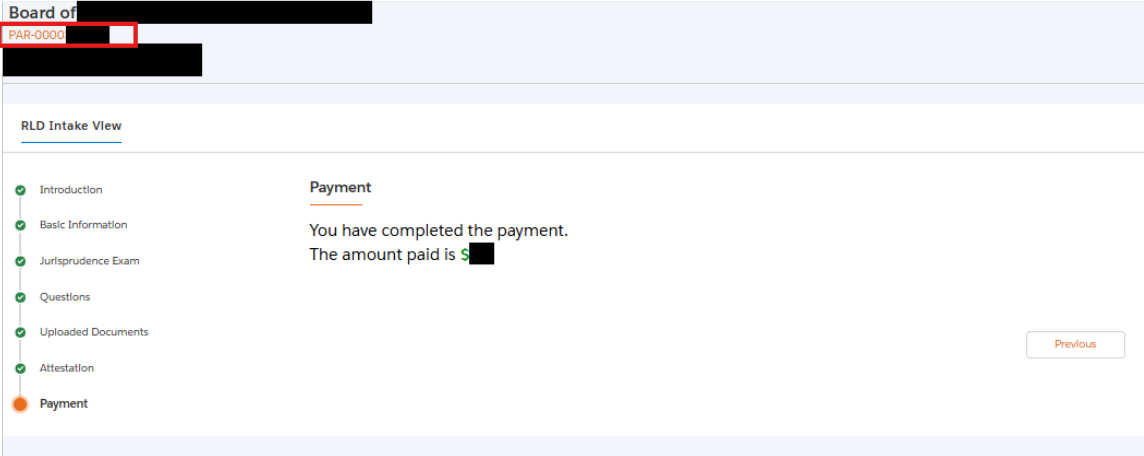
[Next](#)

[Cancel Order](#)

#### Your Order

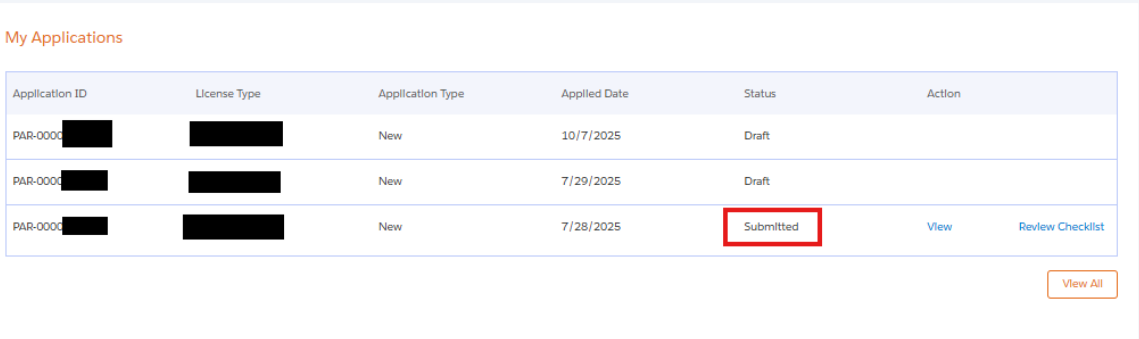
Total amount \$

8. Your application is now complete and will be submitted for approval. To check the status of your application, please contact your board or division directly. Please be sure to reference your application number, which begins with **PAR-** and can be found at the top of your application.



The screenshot shows the 'RLD Intake View' page. On the left, a progress bar lists steps: Introduction, Basic Information, Jurisprudence Exam, Questions, Uploaded Documents, Attestation, and Payment (highlighted with an orange circle). The main content area is titled 'Payment' and states: 'You have completed the payment. The amount paid is \$[REDACTED]'. A 'Previous' button is visible on the right. At the top left, a red arrow points to the 'Board of [REDACTED]' and 'PAR-0000 [REDACTED]' text.

9. On the **Home Page**, the application will appear under **My Applications** with **Submitted** status.



The screenshot shows the 'My Applications' section with a table of applications. The table has columns for Application ID, License Type, Application Type, Applied Date, Status, and Action. One application is highlighted with a red box around the 'Submitted' status.

Application ID	License Type	Application Type	Applied Date	Status	Action
PAR-0000 [REDACTED]	[REDACTED]	New	10/7/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/29/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/28/2025	Submitted	View Review Checklist

A 'View All' button is located at the bottom right of the table.