

Section B: Instructions for individual licensees

1. Please provide the following information:

Name of licensee: _____
Last First Middle

Professional license held in NYS:

Professional Engineer License number: _____ Land Surveyor License number: _____
 Professional Geologist License number: _____

- 2. Go directly to Part VI (general information), and note that you must carefully read and sign the Affirmation in Part VI.
- 3. Submit the completed application and the \$125 triennial fee in the return envelope provided to the address listed in Part VII.
- 4. The full address of record for a professional licensee is public information for all licensees who are issued a Certificate of Authorization.

III. For general business corporations under Section §7209(6) of the Education Law (grandfather corporations)

Chief Executive Officer: _____

Residence Address: _____

New York State professional engineer, land surveyor or geologist license number: _____

IV. For partnerships only

1. Please submit a certified copy of the Certificate of Doing Business (DBA) as partners and any amendments.

Or

Please submit a notarized copy of the partnership agreement filed with the office of the County Clerk.

2. List each partner's name, residence, address and professional license number.

a. Name: _____
Last First Middle

Residence address: _____
Street City State Zip

Profession: _____

New York State license number: _____

b. Name: _____
Last First Middle

Residence address: _____
Street City State Zip

Profession: _____

New York State license number: _____

c. Name: _____
Last First Middle

Residence address: _____
Street City State Zip

Profession: _____

New York State license number: _____

3. Employer's Federal ID number: _____

V. For Foreign Professional Service Corporations

If there are any changes to the initial affidavit attesting to shareholders, officers, and directors, you must submit a new affidavit and proof of licensure in original jurisdiction.

Name(s) of New York State licensed professional engineer(s), land surveyor(s) or professional geologist(s) responsible for work, residence address, profession and New York State license number(s)

a. Name: _____
Last First Middle

Residence address: _____
Street City State Zip

Profession: _____ New York State license number: _____

b. Name: _____
Last First Middle

Residence address: _____
Street City State Zip

Profession: _____ New York State license number: _____

c. Name: _____
Last First Middle

Residence address: _____
Street City State Zip

Profession: _____ New York State license number: _____

VI Affirmation

I affirm under penalty of perjury that all statements herein are true and correct; in the case of partnerships, that said partnership has complied with the provisions of the partnership law of this State and that each of the said partners is in good standing. I understand that any false or misleading statement submitted in this application or related statement in support of this application will be cause for denial of the application or revocation of the certificate of authorization issued pursuant thereto and would constitute misconduct for a licensee. I understand that by obtaining a certificate of authorization I am acting as a business entity and my full address is subject to public disclosure.

Signature of authorized licensee named in Part II Date

Print name

Profession

New York State license number

VII. General Information

All applications must include an application fee of \$125 for the first triennial period of certification. **DO NOT SEND CASH.** Make check or money order payable to the New York State Education Department. Please mail this application and fee to:

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Registration/Fee Unit, 89 Washington Avenue, Albany, NY 12234-1000

Professional licensees must notify the State Education Department of a change of address or name within 30 days of the change. Please notify the Office of the Professions Professional Corporations Unit at the address below of any change regarding the holder of a certificate of authorization (COA).

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Professional Corporations Unit, 89 Washington Avenue, Albany, NY 12234-1000, Phone: 518-474-3817 ext. 400, Fax: 518-473-5515, E-mail: opc corp@mail.nysed.gov