

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

Name of the chief executive officer, residence address and New York State professional engineering or land surveyor license number.

Name: _____

Residence address: _____

New York State license number: _____

IV) For partnerships only (for limited liability partnership see Section V)

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

a. Name: _____
Last *First* *Middle*

Residence Address: _____
Street *City* *State* *Zip*

New York State license number: _____

b. Name: _____
Last *First* *Middle*

Residence Address: _____
Street *City* *State* *Zip*

New York State license number: _____

c. Name: _____
Last *First* *Middle*

Residence Address: _____
Street *City* *State* *Zip*

New York State license number: _____

3. Employer's Federal ID number: _____

V) For domestic professional service corporations and all professional service limited liability companies and limited liability partnerships

List all shareholders, officers, directors, professional members/managers and their New York State license numbers as professional engineers, or land surveyors.
(Attach additional sheets if necessary)

1. Name: _____
Last *First* *Middle*

Residence address: _____
Street *City* *State* *Zip Code*

Position within corporation: _____ Date joined corporation: ____ / ____ / ____

Profession: _____ NYS License number: _____ Social Security number: _____

2. Name: _____
Last *First* *Middle*

Residence address: _____
Street *City* *State* *Zip Code*

Position within corporation: _____ Date joined corporation: ____ / ____ / ____

Profession: _____ NYS License number: _____ Social Security number: _____

3. Name: _____
Last *First* *Middle*

Residence address: _____
Street *City* *State* *Zip Code*

Position within corporation: _____ Date joined corporation: ____ / ____ / ____

Profession: _____ NYS License number: _____ Social Security number: _____

VI) For foreign professional service corporations

List all shareholders, officers and directors who are professional engineers, or land surveyors.
(Attach additional sheets if necessary)

1. Name: _____
Last First Middle
Residence address: _____
Street City State Zip Code
Position within corporation: _____ Date joined corporation: ____ / ____ / ____
Profession: _____ Jurisdiction of licensure: _____
License number: _____ Social Security number: _____

2. Name: _____
Last First Middle
Residence address: _____
Street City State Zip Code
Position within corporation: _____ Date joined corporation: ____ / ____ / ____
Profession: _____ Jurisdiction of licensure: _____
License number: _____ Social Security number: _____

3. Name: _____
Last First Middle
Residence address: _____
Street City State Zip Code
Position within corporation: _____ Date joined corporation: ____ / ____ / ____
Profession: _____ Jurisdiction of licensure: _____
License number: _____ Social Security number: _____

4. Name(s) of New York State licensed professional engineer(s) or land surveyor(s) in responsible charge of work, residence address(es), and New York State license number(s)

a. Name: _____
Last First Middle
Residence address: _____
Street City State Zip Code
Profession: _____ New York State license number: _____

b. Name: _____
Last First Middle
Residence address: _____
Street City State Zip Code
Profession: _____ New York State license number: _____

c. Name: _____
Last First Middle
Residence address: _____
Street City State Zip Code
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 use the enclosed return envelope.

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: opcorp@mail.nysed.gov

VIII) 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

New York State license number

Profession