APPLICATION FOR CERTIFICATE OF AUTHORIZATION
TO PROVIDE PROFESSIONAL ENGINEERING OR LAND
SURVEYING SERVICES IN NEW YORK STATE

To obtain a certificate of authorization (COA) to provide professional engineering or land surveying services in New York State, please:

I) Check the type of certificate of authorization for which you are applying:
☐ Professional Engineering  ☐ Land Surveying

(Note: a separate application must be submitted for each certificate of authorization)

II) Please identify whether this application is for a business entity or an individual licensee and follow the appropriate instructions below:
☐ Business entity (complete Section A)   ☐ Individual licensee (complete Section B)

Section A Instructions for business entities
1. Complete a separate application and pay the $125 fee for each COA requested.
2. Check the type of business entity applying for the certificate of authorization.
☐ Domestic (New York) Professional Service Corporation  ☐ Foreign Professional Service Limited Liability Company  ☐ Partnership
☐ Foreign Professional Service Corporation  ☐ Registered Limited Liability Partnership  ☐ General Business Corporation (Education Law § 7209(6))
☐ Domestic (New York) Professional Service Limited Liability Company  ☐ Registered Foreign Limited Liability Partnership
3. Complete the following information about this application:
Name of business entity: __________________________________________________________________________________________________
Address: _______________________________________________________________________________________________________________
Telephone number: _____________________  Fax: _____________________  E-mail: _________________________________________________

Name of authorized licensee filing application: ________________________________________________________________________________
Address: _______________________________________________________________________________________________________________
Profession: _____________________________  License number: _______________________  Social security number: ______________________
Telephone number: _____________________  Fax: _____________________  E-mail: _________________________________________________

4. Review Parts III-VI and provide the requested information only for the Part that corresponds with the type of business entity you identified in Section A, item 2.
5. Read Part VII (general information), and note that the authorized licensee filing this application must carefully read and sign the Affirmation in Part VIII.
6. Send the completed application and triennial fee in the return envelope provided to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Fee Section, 89 Washington Avenue, Albany, NY 12234-1000.

Section B Instructions for individual licensees
1. Complete a separate application and pay the $125 fee for each COA requested.
2. Please provide the following information:
Name of licensee: ________________________________________________________  Social security number: ____________________________
Professional licenses held in NYS:
☐ Professional Engineer  License number: ____________________________
☐ Land Surveyor  License number: ____________________________

3. Go directly to Part VII (general information), and note that the licensee filing this application must carefully read and sign the Affirmation in Part VIII.
4. Send the completed application and triennial fee in the return envelope provided to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Fee Section, 89 Washington Avenue, Albany, NY 12234-1000.
5. The full address of record for a professional licensee is public information for all licensees who are issued a certificate of authorization.

April 2002
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: _____________________________________________________________________________________________________________

   Residence Address: __________________________________________________________________________________________________

   New York State license number: _____________________________________

   b. Name: _____________________________________________________________________________________________________________

   Residence Address: __________________________________________________________________________________________________

   New York State license number: _____________________________________

   c. Name: _____________________________________________________________________________________________________________

   Residence Address: __________________________________________________________________________________________________

   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: _________________________________________________________________________________________________________________

   Residence address: ______________________________________________________________________________________________________

   Position within corporation: _________________________________________________________ Date joined corporation: ______ / _____ / _____

   Profession: _____________________________ NYS License number: _______________________ Social Security number: ___________________

2. Name: _________________________________________________________________________________________________________________

   Residence address: ______________________________________________________________________________________________________

   Position within corporation: _________________________________________________________ Date joined corporation: ______ / _____ / _____

   Profession: _____________________________ NYS License number: _______________________ Social Security number: ___________________

3. Name: _________________________________________________________________________________________________________________

   Residence address: ______________________________________________________________________________________________________

   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: _________________________

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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