



# APPLICATION FOR CERTIFICATE OF AUTHORIZATION

Application for authorization to practice:  Engineering Only  Architecture Only  Engineering and Architecture

## SECTION I: GENERAL INFORMATION

Legal Name of Organization \_\_\_\_\_

Alternate Name (DBAs, Trade name, etc.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ ext \_\_\_\_\_

Fax \_\_\_\_\_

## SECTION II: RESPONSIBLE CHARGE(S)

If the organization desires authorization to practice BOTH architecture and engineering, **complete and sign both signature blocks.** Those practicing one profession need only complete the appropriate block.

### ENGINEERING AUTHORITY

I, \_\_\_\_\_, am authorized by \_\_\_\_\_  
*Name of Engineer* *Name of Organization*

as the individual in responsible charge for the organization in its practice of engineering within the State of Nebraska. I certify that I do not render occasional, part-time, or consulting services to this organization; that the information presented on this application and its attachments is true and complete as of this date; and that any change in my status will be filed with the Nebraska Board of Engineers and Architects in writing within thirty (30) days of the effective date of the change.

Signature \_\_\_\_\_ NE License or Temporary Permit # \_\_\_\_\_ Date \_\_\_\_\_

### ARCHITECTURE AUTHORITY

I, \_\_\_\_\_, am authorized by \_\_\_\_\_  
*Name of Architect* *Name of Organization*

as the individual in responsible charge for the organization in its practice of architecture within the State of Nebraska. I certify that I do not render occasional, part-time, or consulting services to this organization; that the information presented on this application and its attachments is true and complete as of this date; and that any change in my status will be filed with the Nebraska Board of Engineers and Architects in writing within thirty (30) days of the effective date of the change.

Signature \_\_\_\_\_ NE License or Temporary Permit # \_\_\_\_\_ Date \_\_\_\_\_

## SECTION III: SIZE OF ORGANIZATION

### Application Fee Calculation

Fees for Certificates of Authorization are based on the number of licensed architects and professional engineers employed by your organization both in the United States and other countries, regardless of their jurisdiction of registration or licensure or if the organization is applying to practice only one profession. Do not count licensees who provide occasional, part-time, or consulting services. **Please contact the Board office at 402-471-2021 or [nbea.office@nebraska.gov](mailto:nbea.office@nebraska.gov) if you have questions regarding the appropriate fee amount.**

Check one	# of licensees	Fee
<input type="checkbox"/>	1-5	\$100
<input type="checkbox"/>	6-10	\$200
<input type="checkbox"/>	11-49	\$300
<input type="checkbox"/>	50 or more	\$400

Form completed by: Name: \_\_\_\_\_ Phone: \_\_\_\_\_



**SECTION IV: ORGANIZATION LEADERSHIP**

**(use separate sheet if needed)**

**NAMES AND ADDRESSES OF ALL OFFICERS OF THE ORGANIZATION**

List all officers of the organization, his/her address, telephone, and, if applicable, their Nebraska architect and/or professional engineer license number.

Name and Title/Position	Address	Telephone	NE License Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MEMBERS OF THE ORGANIZATION'S GOVERNING BODY**

List all members of the organization's governing body, his/her address, telephone, and whether he/she is an architect and/or professional engineer.

Name and Title/Position	Address	Telephone	Arch. or PE? (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION V: ORGANIZATIONAL AUTHORITY**

I, \_\_\_\_\_, having signatory authority for \_\_\_\_\_  
*Name* *Name of Organization*

certify that the information presented on this application and its attachments is true and complete as of this date, and that the licensed individual(s) above are authorized to represent this organization as the individual(s) in responsible charge for professional services performed in the State of Nebraska.

\_\_\_\_\_  
*Signature* *Title* *Date*

**In the event that your check is returned unpaid for insufficient or uncollected funds, we may re-present your check electronically. In the ordinary course of business, your check will not be provided to you with your statement.**