



APPLICATION FOR CHANGES TO CERTIFICATE OF AUTHORIZATION

Read instructions carefully and check all items. Provide all information requested. Your attention to these details will make it possible for Board staff to process your application without undue delay. Please print all information. If the organization desires authorization to practice BOTH architecture and engineering, complete and sign both signature blocks in Section II. Those practicing only one profession will complete the appropriate block. Section V must be completed for the application to be valid.

SECTION I: GENERAL INFORMATION

1. _____ CA _____
Legal Name of Organization *Original Cert. of Auth. Number*

Mailing Address

City, State, Zip Code

Email Address

Telephone

ext _____

Fax

2. **This is a change in:** Legal name Contact Information Engineering and/or Architecture Authority Other

3. **Application for authorization to practice:** Engineering Only Architecture Only Engineering and Architecture

SECTION II: ENGINEERING AND/OR ARCHITECTURE AUTHORITY

1. 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 within thirty (30) days of the effective date of the change.

Signature

E- _____

Nebraska License

Date

2. 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 within thirty (30) days of the effective date of the change.

Signature

A- _____

Nebraska License

Date

SECTION III: SIZE OF ORGANIZATION

1. **This organization employs** **licensed architects and professional engineers.**

Please indicate the number of licensed architects and professional engineers employed by the organization, regardless of their jurisdiction of registration or licensure, or if the organization is applying to practice only one profession. Do not include licensees who provide occasional, part-time, or consulting services.



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)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALTERNATE NAMES

List any alternate names of the organization, including DBAs, AKAs, trademarks, etc. _____

SECTION V: ORGANIZATIONAL AUTHORITY

I, _____, Chief Executive Officer of _____
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.