Mail to: PO Box 95165 Lincoln, NE 68509 Delivery: 215 Centennial Mall S, Suite 400 Lincoln, NE 68508

Questions? Contact us at nbea.office@nebraska.gov or on the web at ea.nebraska.gov

Phone: 402-471-2021 Fax: 402-471-0787

## **APPLICATION FOR CERTIFICATE OF AUTHORIZATION**

	SI	ECTION I: GENERA	L INFO	RMATION				
1.	Application for authorization to practice:   Engineering Only   Architecture Only   Engineering and Architecture							
2.								
	Legal Name of Organization							
3.	Alternate Names (DBAs, Trade Names, etc.)							
	Alternate Names (DBAs, 1raae Names, etc.)							
4.	Mailing Address							
	City, State, Zip Code		Ema	Email Address				
	Telephone	ext	Fax	;				
	SECTION II: EN(	GINEERING AND/OI	R ARC	HITECTURE AU	THORITY			
Ij	f the organization desires authorization to practice b	•						
Ü			,					
1.	Ι,	, am authorized	d by			as the		
		I, $\underline{\hspace{1cm}}$ , am authorized by $\underline{\hspace{1cm}}$ as the Name of Engineer						
	individual in responsible charge for the organization in its practice of <b>engineering</b> within the State of Nebraska. I certify that I regularly perform services for this organization, that the information presented on this application and any attachments is true and complete as of this date, and the any change in my status will be filed with the Board of Engineers and Architects within 30 days of the effective date of the change.							
	Signature of Engineer		NE Licen.	se or Temporary Permit #	Date			
2.	I,, am authorized by as the							
	I, $\underline{\hspace{1cm}}$ , am authorized by $\underline{\hspace{1cm}}$ as the Name of Architect							
	individual in responsible charge for the organization in its practice of <b>architecture</b> within the State of Nebraska. I certify that I regularly perform services for this organization, that the information presented on this application and any attachments is true and complete as of this date and that any change in my status will be filed with the Board of Engineers and Architects within 30 days of the effective date of the change.							
	Signature of Architect		NE Licen.	icense or Temporary Permit # Date				
	SI	ECTION III: SIZE OF	ORGA	NIZATION				
	Provide the number of licensed architects and professi corresponding number. Do not count licensees who do	0 0 11 0			ization by checking th	ne box next to the		
	Licensed employees – ALL OFFICE LOC	CATIONS	<b>→</b> [	# OF LICENSEES	CHECK ONE	CERT. OF AUTH.		
	Nebraska-licensed architects:					FEE ¢100		
	Nebraska-licensed professional engineers:			1–5		\$100		
	Architects licensed in other jurisdictions:			6–10		\$200		
	Professional engineers licensed in other juris	sdictions:	'	11–49		\$300		
	Total # of licensed em	iployees:		50+	П	\$400		



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## **SECTION IV: ORGANIZATION LEADERSHIP**

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

OFFICERS OF THE ORGANIZATION  Name and Position	Address	Telephone	NE License Number			
List all members of the organization's governing body, their		she is an architect and/or professional	l engineer.			
MEMBERS OF THE ORGANIZATION'S GO Name and Position  SECTION	V: ORGANIZATIONAL	Telephone	Arch. or PE? (Y/N)			
Name of Signatory Authority		der penalty of perjury, that the in				
as the individual(s) in responsible charge for engineering and/or architectural ervices in the State of Nebraska.						
Signature of Signatory Authority	Title	Do	ate			

Make checks payable to "Nebraska Board of Engineers and Architects" or "NBEA." Application fees are nonrefundable once deposited by the Board. 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.

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