



APPLICATION FOR CHANGES TO EXISTING CERTIFICATE OF AUTHORIZATION

SECTION I: GENERAL INFORMATION

- This is a change in: Legal Name Contact Information Engineering and/or Architecture Authority Other
- Application for authorization to practice: Engineering Only Architecture Only Engineering and Architecture
- _____ 4. **CA** _____
Legal Name of Organization *Original Cert. of Auth. Number*
- _____
Alternate Names (DBAs, Trade Names, etc.)
- _____
Mailing Address
- _____
City, State, Zip Code *Email Address*
- _____
Telephone *ext* *Fax*

SECTION II: ENGINEERING AND/OR ARCHITECTURE AUTHORITY

If the organization desires authorization to practice both engineering and architecture, complete and sign both signature blocks.

1. I, _____, am authorized by _____ as the
Name of Engineer *Name of Organization*

individual in responsible charge for the organization in its practice of **engineering** 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 Engineer *NE License or Temporary Permit #* *Date*

2. I, _____, am authorized by _____ as the
Name of Architect *Name of Organization*

individual in responsible charge for the organization in its practice of **architecture** 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.

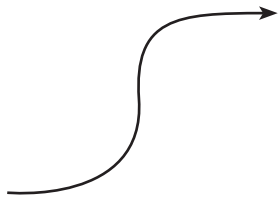
Signature of Architect *NE License or Temporary Permit #* *Date*

SECTION III: SIZE OF ORGANIZATION

Provide the number of licensed architects and professional engineers employed by the organization by checking the box next to the corresponding number. The fee for a certificate of authorization is based on the number of licensed employees. Do not count licensees who do not regularly perform services for the organization.

Licensed employees – ALL OFFICE LOCATIONS

- Nebraska-licensed architects: _____
- Nebraska-licensed professional engineers: _____
- Architects licensed in other jurisdictions: _____
- Professional engineers licensed in other jurisdictions: _____
- Total # of licensed employees:** _____



# OF LICENSED EMPLOYEES	CHECK ONE
1-5	<input type="checkbox"/>
6-10	<input type="checkbox"/>
11-49	<input type="checkbox"/>
50+	<input type="checkbox"/>



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 address, telephone, and whether he/she is an architect and/or professional engineer.

MEMBERS OF THE ORGANIZATION'S GOVERNING BODY

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

SECTION V: ORGANIZATIONAL AUTHORITY

I, _____, attest, **under penalty of perjury**, that the information presented on this
Name of Signatory Authority

application and its attachments is true and complete as of this date, and the licensed individual(s) identified are authorized to represent

_____ as the individual(s) in responsible charge for engineering and/or architectural
Name of Organization

services in the State of Nebraska.

Signature of Signatory Authority

Title

Date