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

Phone: 402-471-2021 Fax: 402-471-0787 Fee: See Sec. III

 $Questions?\ Contact\ us\ at\ nbea. of fice@nebraska.gov\ or\ on\ the\ web\ at\ ea. nebraska.gov$

APPLICATION FOR CERTIFICATE OF AUTHORIZATION

SEC	TION I: GENERAL	. INFORMATION			
Application for authorization to practice:	Engineering Only	Architecture Only	Engineering and Arch	itecture	
Legal Name of Organization					
Alternate Names (DBAs, Trade Names, etc.)					
Mailing Address					
City, State, Zip Code		Email Address	Email Address		
Telephone	ext	Fax			
SECTION II: ENGIN	NEERING AND/OR	R ARCHITECTUR	E AUTHORITY		
f the organization desires authorization to practice both	engineering and architecture,	, complete and sign both sig	gnature blocks.		
I,	, am authorized	by		as the	
Name of Engineer	·	Name of Organization			
any change in my status will be filed with the B Signature of Engineer		NE License or Temporary		ange.	
I,	, am authorized	by		as the	
Name of Architect		Name of Organization			
individual in responsible charge for the organization perform services for this organization, that the i and that any change in my status will be filed w	nformation presented on th	is application and any at	tachments is true and com	plete as of this da	
Signature of Architect		NE License or Temporary	Permit # Date		
SEC	TION III: SIZE OF	ORGANIZATION			
Provide the number of licensed architects and professional orresponding number. Do not count licensees who do not	0 11 1	01 0	the organization by checking th	he box next to the	
Licensed employees – ALL OFFICE LOCAT	IONS	# OF LICENS	EES 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 jurisdic		11–49		\$300	
Total # of licensed emplo	yees:	50+		\$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 a		ne is an architect and/or professiona	l engineer.
MEMBERS OF THE ORGANIZATION'S GO Name and Position	OVERNING BODY Address	Telephone	Arch. or PE? (Y/N)
SECTION	V: DISCLOSURE INF	ORMATION	
Has this organization had any disciplinary or administrat practice engineering or architecture in another jurisdictio		e, authority, or certification to	YES NO
SECTION	VI: ORGANIZATIONAL	AUTHORITY	
I,	, attest, undo	er penalty of perjury, that the in	nformation presented on this
application and its attachments is true and complete as of	this date, and the licensed indiv	idual(s) identified are authorized	to represent
Name of Organization	as the individual(s) in resp	onsible charge for engineering a	nd/or architectural
services 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.

24 JUNE 24 Page 2 of 2