



Board Use Only			Master File Number
Entry/Receipt Number	Date Received	Fee Paid	
Date Issued	CA Number		

CERTIFICATE OF AUTHORIZATION FOR LAND SURVEYING APPLICATION

BOARD INFORMATION	
Physical Address 100 N. Union Street Suite 382 Montgomery, AL 36104 Telephone 334-242-5568 Toll Free 866-461-7640	Mailing Address PO Box 304451 Montgomery, AL 36130-4451 www.bels.alabama.gov

Fee Schedule	<u>Make check payable to: PE & PLS Fund</u>
Original Application	\$100
Reinstatement	\$350
Amendment	No fee required

This is an original reinstatement amendment expired application to offer Surveying Services in the State of Alabama. **CA Number** _____ for Reinstatement, Amendment or Reissuance Applications. Please highlight Changes for Amendment.

Company Information

Corporation
 Firm
 Partnership
 LLC
 LLP
 Sole Proprietorship

Business Name: _____

Physical Street Address of Main Office: _____

City, State, Zip _____ Tel. No. _____

Preferred mailing address for certificate and renewal notice. (If not the physical address)

Street or PO Box _____ City, State, Zip _____

Have you previously filed a Certificate of Authorization application with this Board? Yes No
 Has the firm ever been disciplined by the Board? Yes No
 (A "yes" answer requires a letter and a copy of the document outlining the final disciplinary action.)

Offices Offering Land Surveying Services

List all offices where surveying work is performed for projects in Alabama. You must also list the Alabama licensed PLS physically located at each office. The listed Alabama PLS must be a full time employee of the firm and be in responsible charge of the surveying work performed for Alabama projects at that office.

Office 1

Name of PLS _____ AL PLS Lic. No. _____ Tel. No. _____

Physical Address: _____

(Enter "SAME" if address is the same as physical address listed in Company Information section)

Additional Offices (If Needed)

Office 2 (if applicable)

The listed Alabama PLS must be a full time employee of the firm, be physically located in the identified office, and be in responsible charge of the surveying work performed for Alabama projects.

Name of PLS _____ AL PLS Lic. No. _____ Tel. No. _____

Physical Address: _____

Office 3 (if applicable)

The listed Alabama PLS must be a full time employee of the firm, be physically located in the identified office, and be in responsible charge of the surveying work performed for Alabama projects.

Name of PLS _____ AL PLS Lic. No. _____ Tel. No. _____

Physical Address: _____

Office 4 (if applicable)

The listed Alabama PLS must be a full time employee of the firm, be physically located in the identified office, and be in responsible charge of the surveying work performed for Alabama projects.

Name of PLS _____ AL PLS Lic. No. _____ Tel. No. _____

Physical Address: _____

Office 5 (if applicable and attach additional sheets if necessary)

The listed Alabama PLS must be a full time employee of the firm, be physically located in the identified office, and be in responsible charge of the surveying work performed for Alabama projects.

Name of PLS _____ AL PLS Lic. No. _____ Tel. No. _____

Physical Address: _____

PLS Managing Agent, Partner or Sole Proprietor

Certifying Statement and Signature

- I understand the withholding of information, providing statements which are untrue or misrepresenting the facts may be cause for denial of an application or revocation of the certificate. I affirm the following to be true statements:
- As the Managing Agent for Alabama projects I understand that I must be the senior technical person that has a current Alabama PLS license and make significant technical and/or contractual judgments on behalf of the firm.
- The firm listed in the Business Name section has identified on this application all its offices that offer surveying services for projects in the State of Alabama.

Printed Name of Alabama PLS

Email Address

Signature of Alabama PLS

Alabama PLS Lic. No.

Date