

IMPORTANT NOTICE

THE AMENDED CERTIFICATE OF AUTHORIZATION APPLICATION MUST BE RECEIVED IN THIS OFFICE BY THE FIRST MONDAY OF THE MONTH IN ORDER TO BE PLACED ON THE AGENDA AND REVIEWED AT THE BOARD MEETING HELD ON THE SECOND MONDAY OF THE MONTH.



Certificate of Authorization

Amended Application

Board of Examination and Registration of Architects

1511 Pontiac Avenue, Bldg 68-2, Cranston, RI 02920

www.bdp.state.ri.us

Phone: (401) 462-9594 Fax: (401) 462-9532

Rhode Island General Laws

TITLE 5

Businesses and Professions

Chapter 5-1

Architects

5-1-15.1. Certificate of authorization for sole proprietorships, partnerships, limited liability partnerships, corporations or limited liability companies. - (a) A sole proprietorship, partnership, limited liability partnership, limited liability partnership, corporation or limited liability company is admitted to practice architecture in this state if:

(1) Two-thirds (2/3) of the partners (if a partnership or limited liability partnership) two-thirds (2/3) of the directors and officers (or shareholders if there are no directors, if a corporation) or two-thirds (2/3) of the managers (or members if there are no managers, if a limited liability company) are registered under the laws of any state or any reciprocal jurisdiction as defined by the National Council of Architectural Registration Boards to practice architecture or engineering;

(2) One-third (1/3) of the partners (if a partnership or limited liability partnership) or one-third (1/3) of the directors and officers (or shareholders if there are no directors, if a corporation), or one-third (1/3) of the managers (or members if there are no managers, if a limited liability company) are registered under the laws of any state or reciprocal jurisdiction as defined by the National Council of Architectural Registration Boards to practice architecture; and

(3) The person having the practice of architecture in his or her charge is himself or herself a partner (if a partnership or limited liability partnership) a director or officer (or shareholders if there are no directors, if a corporation) or manager (or members if there are no managers, if a limited liability company) and registered to practice architecture in this state.

(b) The board is empowered to require any sole proprietorship, partnership, or limited liability partnership, corporation or limited liability company practicing architecture in this state to file information concerning its partners, shareholders, officers, directors, members, managers, and other aspects of its business organization, upon any forms that the board prescribes.

(c) The practice or offer to practice architecture as defined by this chapter by a sole proprietorship, partnership, limited liability partnership, corporation, or limited liability company subsequently referred to as the "firm", through one or more architects registered under the provisions of this chapter, is permitted provided that the registered architect(s) are in direct control of the practice or exercise personal supervision of all personnel who act in behalf of the firm in professional and technical matters; and provided, further, that the firm has been issued a certificate of authorization by this board.

(d) Within one year after enactment of this chapter, every firm must obtain a certificate of authorization from this board, and those individuals in direct control of the practice or who exercise personal supervision of all personnel who act in behalf of the firm in professional and technical matters must be registered with the board. The certificate of authorization is issued by the board upon satisfaction of the provisions of this chapter and the payment of a fee as determined by the board in accordance with § 5-1-11. This fee is waived if the firm consists of only one person who is the registered architect. Every firm must file with the board an application for a certificate of authorization on a form provided by the board.

(e) Every certificate of authorization is valid for a period of two (2) years and expires on the last day of December of each even numbered year following its issuance. A separate form provided by the board is to be filed with each renewal of the certificate of authorization. The firm shall complete a renewal form within thirty (30) days of the time any information previously filed with the board has changed, is no longer true or valid, or has been revised for any reason. If, in its judgment, the information contained on the application and/or renewal form is satisfactory and complete, the board will issue a certificate of authorization for the firm to practice architecture in this state. The board may require all applicants for renewal to provide the board with information, including but not limited to, a brief outline setting forth the professional activities of any applicant during a period in which a certificate of authorization has lapsed and other evidence of the continued competence and good character of the applicant, all as the board deems necessary.



Certificate of Authorization Amended Application

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Phone: (401) 462-9594 Fax: (401) 462-9532

INSTRUCTIONS FOR CORPORATIONS, LIMITED LIABILITY COMPANIES and LIMITED LIABILITY PARTNERSHIPS

1. Complete the Certificate of Authorization (COA) amended application, have it notarized and mail it to the Board with the Tax Payer Status Affidavit / Identity Verification form and the appropriate fee, if applicable. When application is complete, it will be reviewed by the Board at its next scheduled meeting. The Board usually meets the second Monday of the month
2. If applying for a name change, after review and approval by the Board, you will be issued a conditional approval letter, which will require you to obtain Certificate of Good Standing from the RI Secretary of State Corporations Division in the new firm name. You can contact the RI Secretary of State at (401) 222-3040. Upon receipt of your **original current Certificate of Good Standing in the new firm name**, a new wall certificate will be mailed.
3. Any other change submitted will be reviewed by the Board at its next scheduled meeting. The Board meets on the second Monday of the month. Written notification of the Board's decision will be sent within 7-10 business days after the meeting.

INSTRUCTIONS FOR PARTNERSHIPS and SOLE PROPRIETORSHIPS

1. Complete the Certificate of Authorization (COA) amended application, have it notarized and mail it to the Board with the Tax Payer Status Affidavit / Identity Verification form and the appropriate fee, if applicable. When application is complete, it will be reviewed by the Board at its next scheduled meeting. The Board usually meets on the second Monday of the month.
2. Written notification of the Board's decision will be sent within 7-10 business days after the meeting.



Certificate of Authorization Amended Application

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1511 Pontiac Avenue, Bldg 68-2, Cranston, RI 02920
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For Office Use only: Check# _____ Date: _____ Amt. _____

<ul style="list-style-type: none"> Name Change Fee: \$50. No Fee for Any Other Change Indicate Certificate of Authorization number on check. Make check payable to: Treasurer, State of RI 	<p style="text-align: center;">CHECK ALL BOXES THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name Change <input type="checkbox"/> Change in Responsible Charge <input type="checkbox"/> Change in Business Structure <input type="checkbox"/> Address Change
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Name under which services will be offered: (It is your responsibility to keep the Board apprised of all address and phone number changes.) R.I. Certificate of Authorization #: _____ Name: _____ Address: _____ Phone: () _____ Fax: () _____	Change of Address: (If Applicable) _____ _____ _____
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PART I TO BE COMPLETED BY ALL APPLYING
 List all Rhode Island licensed architects in responsible charge who act on behalf of the firm. (Provide attachment for additional names)
 I hereby certify that I am familiar with and agree to comply with the Rhode Island laws and regulations governing the practice for which I am licensed.

** Name	Title in Firm (Pres. V. Pres., or Sec./Treas.)	RI Lic. No.

Number of Employees including self: _____

Have you or any partner, majority shareholder, member of the board of directors, officers, managers or members practiced, or solicited architectural work or represented their self as an architect in this State prior to having been licensed? **Yes** _____ **No** _____ If yes, please explain briefly.

Have you or any partner, majority shareholder, member of the board of directors, officers, managers or members been the subject of a formal or informal hearing or inquiry, complaint, or disciplinary action related to their license to practice architecture in any state since your last renewal? **Yes** _____ **No** _____ If yes, please explain briefly and indicate the jurisdiction.

PART II TO BE COMPLETED ONLY IF APPLYING AS A CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR LIMITED LIABILITY PARTNERSHIP. (Provide attachment for additional names)

** Name	** Position (Director, Member, Manager or Partner)	** Title in Firm (Pres., V. Pres. or Sec./Treas.)	** Profession

****Provide the name of all directors, officers or shareholders (if there are no directors) if applying as a corporation; partners if applying as a partnership or limited liability partnership; managers or members if applying as a limited liability company. Two-thirds (2/3) of whom must be registered architects or engineers, and one third (1/3) of whom must be registered architects. The person having the practice of architecture in his or her charge is himself or herself a director, officer or shareholder if a corporation; a partner if a partnership or limited liability partnership; managers or members if a limited liability company and registered to practice architecture in this state.**

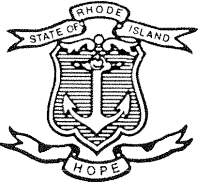
PART III TO BE COMPLETED BY ALL APPLYING

I am aware that the Certificate of Authorization may be revoked if any agent, employee, director or officer of the corporation violates or causes to be violated any provisions of those laws or regulations governing the practice of architecture in RI.

Signature of Applicant: _____ **Title** _____ **Date:** _____

Before me personally appeared the signer of the above and executed this application for the purposes stated by signing his/her name as the authorized director. In witness thereof: Subscribed and sworn to before me this _____ day of _____.

County and State	Signed (Notary Public)	Date Commission Expires	Notary Seal
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Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your license application to:
Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy. (Case # _____)

Type of Professional License for which you are applying

Full Name (Please Print or Type)

Social Security Number (or FEIN if appropriate)

Signature

Phone Number (including area code if not 401)

Date