



STATE OF RHODE ISLAND
BOARD OF REGISTRATION FOR
PROFESSIONAL ENGINEERS

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

www.bdp.state.ri.us

Phone: (401) 462-9592 Fax: (401) 462-9532

COA INITIAL APPLICATION

Certificate of Authorization (COA)

TITLE 5

Businesses and Professions

CHAPTER 5-8

5-8-24. Sole proprietorship, partnership, limited liability partnership, corporate and limited liability company --

(a) The practice or offer to practice engineering 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 individuals is permitted; provided, that the individuals: (1) are in direct control of such practice; (2) exercise personal supervision of all personnel who act in behalf of the firm in professional and technical matters; and (3) are registered under the provisions of this chapter; and provided, further, that said firm has been issued a certificate of authorization by the board of engineers.

(b)(1) Within one year after enactment of this chapter every firm must obtain a certificate of authorization from the board and those individuals in direct control of the practice and who exercise direct 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 not to exceed one hundred fifty dollars (\$150.). This fee shall be waived if the firm consists of only one person who is the person in responsible charge.

(2) Every firm desiring a certificate of authorization must file with the Board an application for a certificate of authorization on a form to be provided by the Board. A separate form provided by the board is to be filed with each renewal of the certificate of authorization and 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 renewal form is satisfactory and complete, the board will issue a certificate of authorization for the firm to practice engineering in this state.

(3) No firm that has been granted a certificate of authorization by the board shall be relieved of responsibility for modification or derivation of the certificate, unless the board has issued for the applicant a certificate of authorization or a letter indicating the eligibility of such applicant to receive the certificate. The firm applying shall supply the certificate or letter from the Board with its application for incorporation, organization or registration as a foreign corporation.



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COA INITIAL APPLICATION

INSTRUCTIONS FOR CORPORATIONS and LIMITED LIABILITY COMPANIES

1. Complete the Certificate of Authorization (COA) application and mail it to the Board with the initial application fee of \$150.00. It will then be scheduled for review by the Board. **If you are the only employee in your firm, you are exempt from the fee.**
2. After review by the Board, you will be mailed a conditional approval letter. At this time you are required to contact the RI Secretary of State's office at (401) 222-3040 to request the application package necessary to file as a corporation offering engineering services in RI.
3. Along with the RI Secretary of State's corporate application, you must attach a **written request for a Certificate of Good Standing, the required fee for the Good Standing, and a copy of the conditional approval letter from the Board.**
At this time, you may submit your corporate application package to the RI Secretary of State's Office.
4. The RI Secretary of State's office will forward your Certificate of Good Standing to you. You must mail the **original certificate** to this office for completion of the application process.
5. Upon receipt of your Certificate of Good Standing, you will be issued a COA number and wall certificate. **Your Certificate of Authorization (COA) must be renewed every other year. Renewal application notices will be mailed at the appropriate time.**

INSTRUCTIONS FOR PARTNERSHIPS AND SOLE PROPRIETORSHIPS

1. Complete the Certificate of Authorization (COA) application and mail it to the Board with the initial application fee of \$150.00. When the application is complete, it will be reviewed by the Board at its next scheduled meeting. **If you are the only employee in your firm, you are exempt from the fee.**
2. Upon Board acceptance, you will be issued a COA number and wall certificate. **Your Certificate of Authorization (COA) must be renewed every other year. Renewal applications will be mailed at the appropriate time.**

INSTRUCTIONS FOR LIMITED LIABILITY PARTNERSHIPS

1. Complete the Certificate of Authorization (COA) application and mail it to the Board with the initial application fee of \$150.00. It will then be scheduled for review by the Board. **If you are the only employee in your firm, you are exempt from the fee.**
2. After review by the Board, you will be mailed a conditional approval letter. At this time you are required to contact the RI Secretary of State's office at (401) 222-3040 to request the application package necessary to file as a limited liability partnership offering engineering services in RI.
3. Along with the RI Secretary of State's corporate application, you must attach a **written request for a Certificate of Legal Existence, the required fee for the Certificate of Legal Existence, and a copy of the conditional approval letter from the Board.** At this time, you may submit your corporate application package to the RI Secretary of State's Office.
4. The RI Secretary of State's office will forward your Certificate of Legal Existence to you. You must mail the **original certificate** to this office for completion of the application process.
5. Upon receipt of your Certificate of Legal Existence, you will be issued a COA number and wall certificate. **Your Certificate of Authorization (COA) must be renewed every other year. Renewal applications will be mailed at the appropriate time.**



Certificate of Authorization Initial Application

Board of Registration for Professional Engineers

1511 Pontiac Avenue, Bldg.68-2, Cranston, RI 02920
www.bdp.state.ri.us Phone: (401) 462-9592 Fax: (401) 462-9532

For Office Use only:
 RI COA# _____
 Check# _____
 Date: _____ Amt. _____

<ul style="list-style-type: none"> Initial Application Fee: \$150. FEE WAIVED IF NO EMPLOYEES Indicate Certificate of Authorization number on check. Make checks payable to: Treasurer, State of RI 	<p style="text-align: center;">CHECK ALL BOXES THAT APPLY</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> FEE WAIVED - No Employees</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> Limited Liability Partnership</td> </tr> </table>	<input type="checkbox"/> FEE WAIVED - No Employees	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> FEE WAIVED - No Employees	<input type="checkbox"/> Partnership						
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Partnership						
<p>Name under which services will be offered:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Type of Engineering Services Offered in R.I.: _____</p>	<p style="text-align: center;">Change of Name & Address: (If Applicable)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: () _____ Fax: () _____</p>						

PART I List all Rhode Island licensed engineers in responsible charge who act on behalf of the firm.
 If you are a Sole Proprietorship, list your name.

For the purposes of this requirement, no person who is not an employee of the firm may be considered to be in responsible charge. The engineer in responsible charge shall work not less than twenty (20) hours per week for the firm, provided however that the Board might waive such requirement upon written application to the Board for good cause shown.

I hereby certify under oath that I acknowledge that I have the obligation of keeping the Board informed at all times in the event that I should terminate my employment and/or position of engineer in responsible charge. I further acknowledge that in the event that such a termination of responsibility occurs, that I must notify the board, in writing, within seven (7) days of the date of such termination and that otherwise, the Board shall be authorized to hold me responsible for any and all work performed by this firm.

Name	Discipline	Are you listed on other COA's in RI?			Signature	RI Lic. No.
		Yes	No	How Many		

PART II TO BE COMPLETED ONLY IF YOU HAVE NO EMPLOYEES.

If you are the only employee in your firm, you are exempt from the fee if you complete this section.

"I hereby certify that I have no employees and that I am the sole Rhode Island licensed engineer of the firm and the individual in responsible charge."

Signature: _____

PART III

1. Have you or any partner, officer, majority shareholder or member of the Board of Directors, been convicted of or entered into a plea bargain any offense which involves, fraud, professional negligence, moral turpitude or are any such charges now pending?

If yes, for each such offense, state the nature of the charge, the State in which the charge was brought and the person or persons convicted or has entered into a plea. If any charges are pending, please briefly explain. Yes ____ No ____

2. Has any officer, majority shareholder or member of the Board of Directors, or any registered P.E. employed by the firm, had his or her license to practice engineering revoked or suspended in any State? If yes, state the name of such person, their address, and the nature and State of such revocation or suspension. Yes ____ No ____

3. Have you read/understood the provisions of R.I. Gen. Laws Title 5, Chap. 8 as amended? Yes ____ No ____

4. Have you read/understood the Rules and Regulations and the Canons of Ethics adopted by the Board? Yes ____ No ____

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 engineering in RI.

Signed: _____ Title: _____ Date: _____



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, State Board of Registration for professional Engineers, 1511 Pontiac Avenue, Building 68-2, 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