



# STATE OF RHODE ISLAND BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS

1511 Pontiac Ave, Building 68-2

Cranston, RI 02920

[www.bdp.state.ri.us](http://www.bdp.state.ri.us)

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

COA AMENDED 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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## INSTRUCTIONS FOR CORPORATIONS and LIMITED LIABILITY COMPANIES

1. Complete the Certificate of Authorization (COA) application, **have it notarized**, and mail it to the Board with the \$50.00 name change fee, if applicable. There is **no fee** to add or change a person in responsible charge.
2. If you are changing the company name, upon review and acceptance of the application, you will be required to contact the RI Secretary of State's office at (401) 222-3040, to request a current Certificate of Good Standing verifying the name change.
3. The Certificate of Good Standing must be sent to this office to complete the application process. You will be mailed a wall certificate bearing the new company name.

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## INSTRUCTIONS FOR PARTNERSHIPS and SOLE PROPRIETORSHIPS

1. Complete the Certificate of Authorization (COA) application, **have it notarized**, and mail it to the Board with the \$50.00 name change fee, if applicable. There is **no fee** to add or change a person in responsible charge.
2. After review and acceptance of the application, you will be sent a wall certificate bearing the new company name.

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## INSTRUCTIONS FOR LIMITED LIABILITY PARTNERSHIPS

1. Complete the Certificate of Authorization (COA) application, **have it notarized**, and mail it to the Board with the \$50.00 name change fee, if applicable. There is **no fee** to add or change a person in responsible charge.
3. If you are changing the company name, upon review and acceptance of the application, you will be required to contact the RI Secretary of State's Corporation Division at (401) 222-3040, to request a current Certificate of Legal Existence verifying the name change.
3. The Certificate of Legal Existence must be sent to this office to complete the application process. You will be mailed a wall certificate bearing the new company name.



# Certificate of Authorization Amended Application

## Board of Registration for Professional Engineers

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[www.bdp.state.ri.us](http://www.bdp.state.ri.us) Phone: (401) 462-9592 Fax: (401) 462-9532

**For Office Use only:**  
RI COA# \_\_\_\_\_  
Check# \_\_\_\_\_  
Date: \_\_\_\_\_ Amt. \_\_\_\_\_

- **Company Name Change Fee: \$50.**
- **No Fee to Add or Change a Responsible Charge Engineer**
- **Indicate Certificate of Authorization number on check.**
- **Make checks payable to: Treasurer, State of RI**

**CHECK ALL BOXES THAT APPLY**

- Company Name Change
- Address Change
- Change in Responsible Charge
- Add a responsible charge

Original Name under which services are offered: COA # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Engineering Services Offered in R.I.: \_\_\_\_\_

**Change of Name and/or Address: (If Applicable)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**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.

<u>Name</u>	<u>Discipline</u>	<u>Are you listed on other COA's in RI?</u>			<u>Signature</u>	<u>RI Lic. No.</u>
		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:** \_\_\_\_\_

**PART IV**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

**County and State** \_\_\_\_\_

**Signed (Notary Public)**

**Date Commission Expires**

**Notary Seal**



## 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