

NEW Certificate of Authorization application**3011-N****Eligibility**

This application is for firms requiring a **NEW** Certificate of Authorization in order to provide, or offer to provide professional engineering, professional surveying, or professional engineering and surveying services in the state of Ohio pursuant to **Ohio Revised Code Chapter 4733**. Registration with the Ohio Secretary of State is required.

\$50.00 nonrefundable application fee

A \$50.00 nonrefundable application fee, made payable in U.S. funds to **Treasurer, State of Ohio**, is required by Ohio Revised Code Chapter 4733.

Professional services to be offered:

Engineering **ONLY** Surveying **ONLY** Engineering **AND** Surveying

Ohio Secretary of State Charter/Registration number:

<< Ohio Secretary of State Charter/Registration number

Our firm is registered with the Ohio Secretary of State as a:

Corporation Limited Liability Company Partnership Professional Association

Other DESCRIBE >>

Firm contact information

FIRM NAME

FEDERAL EMPLOYER I.D. NUMBER

FIRM DBA >> **ONLY if needed**

TELEPHONE

EMAIL ADDRESS

FAX

Primary office addressADDRESS LINE 1 >> **P.O. Box is NOT acceptable**ADDRESS LINE 2 >> **ONLY if needed**COUNTY >> **REQUIRED if Ohio address**

CITY

STATE ZIP+4

Mailing address ONLY IF DIFFERENT THAN PRIMARY OFFICE ADDRESS

ADDRESS LINE 1

ADDRESS LINE 2 >> **ONLY if needed**COUNTY >> **REQUIRED if Ohio address**

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Ownership

If firm has more than four owners, attach additional pages with the same information.

1	OWNER NAME	OWNER ADDRESS
2	OWNER NAME	OWNER ADDRESS
3	OWNER NAME	OWNER ADDRESS
4	OWNER NAME	OWNER ADDRESS

Registered individual(s) in responsible charge

All professional services shall be executed by or be under the direct supervision of an Ohio-registered professional engineer or professional surveyor. Pursuant to Ohio Revised Code [section 4733.16](#), each corporation, limited liability company, partnership or association through which professional engineering or professional surveying services are offered or provided in Ohio, shall designate one or more full-time directors, partners, managers, members or officers as being responsible for and in responsible charge of the professional engineering or professional surveying activities and decisions of the firm.

Name, number, position of registrants in responsible charge

IMPORTANT! Each registrant listed in responsible charge must include an accompanying **Firm affidavit of responsibility** (PES 3012). If more than four registrants are in responsible charge, attach additional pages with the same information.

1	PRINTED NAME	P.E. NUMBER	INDICATE ALL THAT APPLY
	SIGNATURE	P.S. NUMBER	<input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Manager
			<input type="checkbox"/> Member <input type="checkbox"/> Officer
2	PRINTED NAME	P.E. NUMBER	INDICATE ALL THAT APPLY
	SIGNATURE	P.S. NUMBER	<input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Manager
			<input type="checkbox"/> Member <input type="checkbox"/> Officer
3	PRINTED NAME	P.E. NUMBER	INDICATE ALL THAT APPLY
	SIGNATURE	P.S. NUMBER	<input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Manager
			<input type="checkbox"/> Member <input type="checkbox"/> Officer
4	PRINTED NAME	P.E. NUMBER	INDICATE ALL THAT APPLY
	SIGNATURE	P.S. NUMBER	<input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Manager
			<input type="checkbox"/> Member <input type="checkbox"/> Officer

OHIO'S STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND SURVEYORS
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Additional Ohio P.E., P.S. registrants employed by firm

List registrant name, registration number and firm location address of each Ohio P.E. or P.S. whose services are employed by the firm as of the date of this application. If needed, attach additional pages with the same information required below.

REGISTRANT NAME <input type="text"/>	P.E. NUMBER <input type="text"/>	FIRM LOCATION ADDRESS <input type="text"/>
	P.S. NUMBER <input type="text"/>	

REGISTRANT NAME <input type="text"/>	P.E. NUMBER <input type="text"/>	FIRM LOCATION ADDRESS <input type="text"/>
	P.S. NUMBER <input type="text"/>	

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	P.S. NUMBER <input type="text"/>	

REGISTRANT NAME <input type="text"/>	P.E. NUMBER <input type="text"/>	FIRM LOCATION ADDRESS <input type="text"/>
	P.S. NUMBER <input type="text"/>	

REGISTRANT NAME <input type="text"/>	P.E. NUMBER <input type="text"/>	FIRM LOCATION ADDRESS <input type="text"/>
	P.S. NUMBER <input type="text"/>	

Disclosure statement, privacy notice

Ohio's State Board of Registration for Professional Engineers and Surveyors is requesting disclosure of information that is necessary to accomplish our statutory purpose required by **Ohio Revised Code Chapter 4733**. Failure to provide required information may result in your application approval being delayed or your application being returned.

Subject to certain Ohio Revised Code statutory exceptions, most documents and records maintained by the state of Ohio, including those maintained by the Board, are public records under Ohio law. This means that information submitted to us from you may be subject to disclosure if there is an official public records request.

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Notarized affidavit

STATE OF

Affiant

I, _____,

being duly sworn, or affirmed, depose and say that I am duly authorized to prepare this application for a Certificate of Authorization and attest, to the best of my knowledge and belief, that the information contained herein is true.

DECLARATION in accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes" or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? | <input type="checkbox"/> | <input type="checkbox"/> |

AFFIANT SIGNATURE

AFFIANT TITLE

DATE SIGNED

Notary

Subscribed and sworn, or affirmed, to me this

_____ day of _____, _____.

Witness my hand and seal hereon.

NOTARY SIGNATURE

MY COMMISSION EXPIRES



Send new Certificate of Authorization application to:



NEW CERTIFICATE OF AUTHORIZATION
 OHIO ENGINEERS AND SURVEYORS BOARD
 50 W BROAD ST STE 1820
 COLUMBUS OH 43215-5905

Questions?

EMAIL

pes.board@pes.ohio.gov

FAX

(614) 728-3059

U.S. TOLL FREE

(877) 644-6364