



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Architects
124 Halsey Street, 3rd floor, P.O. Box 45001
Newark, New Jersey 07101
(973) 504-6385

CHECK ONE:

- ☐ Architectural Services only
☐ Architectural and Closely Allied Professional Services*

Certificate of Authorization Application

Pursuant to N.J.S.A. 45:3-18

* You must complete the "Details of Ownership" section on the reverse side of this page if you offer Building Design Services pursuant to N.J.S.A. 45:4B-8. You must also obtain a "Certificate of Authorization" from the State Board of Professional Engineers and Land Surveyors.

Note: Print clearly or use a typewriter. If any space is inadequate for any portion of this form, use a separate sheet of paper.

Name and address of the corporation	Contact person's phone no. (include area code)	Date of this application							
Address of the principal office or registered agent in New Jersey		I have attached the required certified copy of the Certificate of Incorporation/Authority/Formation from the N.J. Dept. of the Treasury. <input type="checkbox"/> Yes <input type="checkbox"/> No							
Addresses of the satellite offices in New Jersey where professional services will be offered or provided (each office must be sequentially numbered beginning with 2; as in 2, 3, 4, etc.). 2. _____ 3. _____ 4. _____									
Name and license number of the architect in responsible charge in the principal office. <div style="text-align: right;">AI</div>									
Name and license number of the architect in responsible charge in each additional office. <table border="1"><thead><tr><th>Name</th><th>License number</th></tr></thead><tbody><tr><td>2. _____</td><td>_____</td></tr><tr><td>3. _____</td><td>_____</td></tr><tr><td>4. _____</td><td>_____</td></tr></tbody></table>			Name	License number	2. _____	_____	3. _____	_____	4. _____
Name	License number								
2. _____	_____								
3. _____	_____								
4. _____	_____								

Every person in responsible charge listed below must include the numeric identifier of his or her work location following his or her name in the column below.

List all **personnel in-responsible-charge** who act on behalf of the corporation as architects or professional engineers.

I hereby certify that I am familiar with the laws and regulations governing the practice of architecture in New Jersey and the definition of "responsible charge" therein, and my responsibility under this definition.

Name	N.J. license number		Home address	X	Signature
	Architect	Prof. Engineer			
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Any changes in the above information must be reported to the Board within 30 days after such changes become effective.

Under oath, I declare that the foregoing statements, to the best of my knowledge and belief, are true and made in good faith.

Print the name of the Chief Executive Officer	Signature of the Chief Executive Officer	Date
Corporation Section (for corporations and limited liability companies)		
Name of corporation		
Print the name of the authorized officer	Title	
Signature of the authorized officer	AFFIX CORPORATE SEAL	
Date	(Corporations only)	
Before me personally appeared the signer of the above, who acknowledged himself/herself to be the authorized above-named officer (or managing member) of the above-named corporation, and that he/she being authorized to do so, executed this application for the purposes stated by signing the name of the corporation by himself/herself as the authorized officer. In witness thereof: Subscribed and sworn to before me this day of _____, _____. County _____ State _____ Print name of notary public _____ Signature of notary public _____ Date commission expires _____ AFFIX NOTARY PUBLIC SEAL		

DETAILS OF OWNERSHIP

☐ Architectural Services

☐ Architectural and Closely Allied Professional Services

Designation:* D = Director M = Manager or Member O = Officer
P = Principal Stockholder A = All designations

Please specify if more than one designation is applicable.

I certify that I am familiar with the laws and regulations governing the practice of architecture in New Jersey. I am aware that the Certificate of Authorization may be revoked if any agent, employee, director or officer of the corporation or manager or member of a limited liability company violates or causes to be violated any provisions of those laws or regulations.

Name and address (and title if any) of each officer, director, manager and principal stockholders.	*Design.		Number of shares		New Jersey license number	Signature
	D	M	O	A		
					RA _____ PP _____ PE _____ LA _____ LS _____ ID _____	
					RA _____ PP _____ PE _____ LA _____ LS _____ ID _____	
					RA _____ PP _____ PE _____ LA _____ LS _____ ID _____	
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					RA _____ PP _____ PE _____ LA _____ LS _____ ID _____	
					RA _____ PP _____ PE _____ LA _____ LS _____ ID _____	

Use an additional sheet of paper if necessary.

Total shares issued and outstanding. ➔ Issued: _____
Outstanding: _____

In accordance with N.J.A.C. 13:27-4.8(d), the L.L.C. or corporation and its licensees have a continuing duty to inform the Board within 30 days of any change in the information that was originally provided to the Board.

Signature of licensee in-responsible-charge

FOR OFFICE USE ONLY

☐ Approved

Fee _____

Certificate of Authorization number _____

☐ Not approved

Comments _____

Signed _____

Date issued _____