



STATE OF NEW HAMPSHIRE
BOARD OF ARCHITECTS

APPL. FEE \$80.00

MAKE CHECK PAYABLE TO:
TREASURER, STATE OF NH

NEW HAMPSHIRE JOINT BOARD
57 REGIONAL DRIVE
CONCORD, NEW HAMPSHIRE 03301

NEW

DATE:

RENEWAL

APPLICATION FOR CERTIFICATE OF AUTHORIZATION (COA)
FOR THE PRACTICE OF ARCHITECTURE

To: The New Hampshire State Board of Architects

1. In accordance with the requirements of RSA 310-A:42-a the business organization identified below applies for renewal of certificate of authorization for the practice of Architecture for others as defined in RSA 310-A:28 IV.

It is understood that if there shall be any change in any of the information provided herein, the Board shall be notified within 30 days after the effective date of the change.

It is further understood that any authorization granted as a result of this application shall expire on **31 December 2010**. The Board shall charge a late fee of **\$16.00** for each month or fraction of a month the renewal is late, up to 12 months, **in addition to the renewal fee**.

It is further understood that no individual practicing architecture shall be relieved of responsibility for architectural services performed by reason of his employment by or relationship with such business organization.

2. a. Complete business name, business address, (corporation) (partnership) (proprietorship), and COA number located on your prior year's certificate: (Must agree with information submitted to Secretary of State)

Tel. # _____ C.O.A # _____

(COA # is required for renewals only, located on your prior year's certificate)

b. Names and addresses of Corporate Officers or Partners: (Must agree with information submitted to Secretary of State)

NAM	E	OFFICE	ADDRESS

LIST ONLY ARCHITECTS LICENSED/REGISTERED IN NEW HAMPSHIRE

3. Person(s) responsible for architectural activities and decisions. Only one Architect is required (***working at least 37.5 hours per week**):

NAME	ADDRESS	NH REG/LIC #	*STATUS
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Contact Person (printed) _____

Applicant Signature _____

Telephone # _____

E-Mail Address _____

The persons signing the application above, being duly sworn, upon oath depose and say that the foregoing statements to the best of their knowledge and belief are true and made in good faith.

Payment may be made using Visa or MasterCard.
Credit card form can be found online www.nh.gov/jtboard/forms.htm
Find us on-line at www.nh.gov/jtboard/home.htm