



**STATE OF NEW HAMPSHIRE  
BOARD OF PROFESSIONAL ENGINEERS**

**APPL. FEE \$100.00**  
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 PROFESSIONAL ENGINEERING**

1. In accordance with the requirements of RSA 310-A:20 the business organization identified below applies for renewal of certificate of authorization for the practice of professional engineering as defined in RSA 310-A:2-1a.

It is understood that if there shall be any change in any of the information provided, the Board shall be notified within 30 days after the effective date of the change. It is further understood that no individual practicing professional engineering shall be relieved of responsibility for professional engineering services performed by reason of his employment by or relationship with such business organization.

Authorization granted as a result of this application shall expire on **December 31, 2010.**

2. a. Complete business name, business address of (corporation) (partnership) (proprietorship), and COA number: (Must agree with information submitted to Secretary of State)

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

Include DBA, Assumed or Trade Name

Tel. # \_\_\_\_\_ C.O.A # \_\_\_\_\_

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

b. Fields of engineering practice in which engaged:

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

NAME

OFFICE

ADDRESS

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



Note: Indicate a NH Licensed Professional Engineer or other business officer legally authorized to sign contracts for the company.

Name \_\_\_\_\_

NH PE License No \_\_\_\_\_ (If applicable)

Title \_\_\_\_\_

Signature \_\_\_\_\_

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.

Please indicate name and telephone number/e-mail address of person completing this form.

Contact Person \_\_\_\_\_

Telephone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

***Payment may be made using Visa or MasterCard.  
Credit card form can be found online [www.nh.gov/jtboard/forms.htm](http://www.nh.gov/jtboard/forms.htm)***

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Rev. 12/30/09