



**STATE OF NEW HAMPSHIRE  
BOARD OF LAND SURVEYORS**

**DATE:**

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

**PLEASE CHECK ALL THAT APPLY:**

**MAKE CHECK PAYABLE TO: TREASURER, STATE OF NH**

- |                                                                 |                              |                                  |
|-----------------------------------------------------------------|------------------------------|----------------------------------|
| <input type="checkbox"/> CORPORATION APPLICATION FEE \$75.00    | <input type="checkbox"/> NEW | <input type="checkbox"/> RENEWAL |
| <input type="checkbox"/> PARTNERSHIP APPLICATION. FEE \$75.00   | <input type="checkbox"/> NEW | <input type="checkbox"/> RENEWAL |
| <input type="checkbox"/> PROPRIETORSHIP APPLICATION FEE \$50.00 | <input type="checkbox"/> NEW | <input type="checkbox"/> RENEWAL |

**APPLICATION FOR CERTIFICATE OF AUTHORIZATION  
FOR THE PRACTICE OF LAND SURVEYING**

To: The New Hampshire State Board of Licensure for Land Surveyors

1. In accordance with the requirements of RSA 310-A:65a the business organization identified below applies for renewal of certificate of authorization for the practice of land surveying for others as defined in RSA 310-A:54-1a.

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**.

It is further understood that no individual practicing land surveying shall be relieved of responsibility for land surveying services performed by reason of his employment by or relationship with such (corporation) (partnership) (proprietorship).

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

\_\_\_\_\_  
Tel. # \_\_\_\_\_

\_\_\_\_\_  
COA# \_\_\_\_\_  
(COA# 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)

NAME	OFFICE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ONLY LAND SURVEYORS LICENSED IN NEW HAMPSHIRE

3. Personnel responsible for land surveying activities and decisions (**must be a full-time employee of at least 37.5 hours per week**):

<b>NAME</b>	<b>ADDRESS</b>	<b>NH LLS #</b>	<b>*STATUS*</b>	<b>SIGNATURE</b>
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**\*Officer/Partner/Full-time employees**

4. Other personnel acting for (Corporation)(Partnership) as Licensed Land Surveyors:

<b>NAME</b>	<b>ADDRESS</b>	<b>NH LLS #</b>	<b>*STATUS*</b>	<b>SIGNATURE</b>
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**\*Officer, Partner, Permanent Employee, Temporary Employee**

Note: Application to be signed by person or persons legally authorized to sign contracts for the corporation or partnership

Signature\_\_\_\_\_

Title\_\_\_\_\_

Signature\_\_\_\_\_

Title\_\_\_\_\_

**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.**

*Find us online at [www.state.nh.us/jtboard/home.htm](http://www.state.nh.us/jtboard/home.htm)*

rev 3/13/08