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**

☐ CORPORATION ☐ PARTNERSHIP **APPLICATION FEE $75.00** ☐ **NEW** ☐ **RENEWAL**

☐ PROPRIETORSHIP **APPLICATION FEE $50.00** ☐ **NEW** ☐ **RENEWAL**

APPLICATION FOR CERTIFICATE OF AUTHORIZATION (COA) FOR THE PRACTICE OF LAND SURVEYING

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 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).

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)

_____

_____Tel. #_____

_____COA#_____

Include DBA, Assumed or Trade Name (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

_____

_____

_____

_____

_____

_____

3. List personnel responsible for land surveying activities and decisions and other personnel acting as a licensed land surveyor for the company **(must be a full-time employee of at least 37.5 hours per week)**:

NAME	ADDRESS	NH LLS #	*STATUS*	SIGNATURE

LIST ONLY LAND SURVEYORS LICENSED IN NEW HAMPSHIRE

***Indicate whether Officer, Partner, full time (FT) or part-time (PT) Employee**

Note: List a NH Licensed Land Surveyor or other business officer legally authorized to sign contracts for the company.

Name _____

NH LLS 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, include credit card form located online at www.nh.gov/jtboard/forms.htm

Find us online at www.nh.gov/jtboard/home.htm

Rev. 1/5/10