

South Carolina Department of Labor, Licensing and Regulation

## South Carolina Board of Registration for Professional Engineers and Surveyors

110 Centerview Dr. • Columbia • SC • 29210 (overnight) P.O. Box 11597 • Columbia • SC 29211-1597 (mailing)

Phone: 803-896-4422 • Contact.ENGLS@llr.sc.gov • Fax: 803-896-4427

llr.sc.gov/eng

# INSTRUCTIONS FOR COMPLETING AN AMENDED CERTIFICATE OF AUTHORIZATION (COA) APPLICATION

\*\*Notice to Applicants: All information must be clear and legible. There is no charge for an amended Certificate of Authorization (COA) Application.\*\* The completed application can be emailed to contact.engls@llr.sc.gov\_for processing.

Complete all Sections (if needed) as instructed below.

#### TYPE OF ORGANIZATION

Complete this section only if there are changes from the original application. However, if Business Corporation, Partnership, Professional Corporation, Limited Liability Company or Limited Liability Partnership, a Tax ID Number must be furnished or application cannot be processed. If Non-Exempt Proprietorship, a Social Security Number must be furnished or application cannot be processed.

## **BUSINESS INFORMATION (Principal Address)**

Complete this section. Give business name, complete mailing address, email, telephone and fax. If the firm name has changed indicate previous company name and/or "no change" on the line just below the telephone and fax number.

#### **BRANCH OFFICE LOCATIONS**

Complete this section only if there are changes from the original application. Give complete address, telephone number, and fax number for new branch offices that will offer engineering and/or surveying services in South Carolina. Each branch office must have a South Carolina Registered Professional Engineer within the office to offer engineering services and a Registered Surveyor in order to offer surveying services in South Carolina.

### IDENTIFY SC LICENSED PE OR LS WITH CORPORATE RESPONSIBILITY

Furnish the name of the individual South Carolina PE and/or LS who will be the "Engineer or Surveyor" in Responsible Charge." Indicate location of the office where the individual is in charge, and the individual's SC PE or LS license number. The engineer and/or surveyor in responsible charge of the main and/or branch office(s) must complete the Resident Licensee in Responsible Charge Affidavit. There must be one designated professional physically located in each location (main and/or branch) offering /providing services.

Pursuant to Section 40-22-250 (F) of the South Carolina Code of Laws; a professional engineer and a professional surveyor engaged in practice through firms may maintain branch offices in addition to a principal place of business. A principal place of business as well as each branch office providing services in this State must have a resident professional engineer in responsible charge of engineering work or a resident professional surveyor in responsible charge of the field and office surveying work provided. A professional engineer must supervise the engineering activities of each branch office and a professional surveyor must supervise the surveying activities of each branch office. The resident professional engineer or resident professional surveyor is considered in residence in only one place of business at a given time. Section 40-22-20 (34) "Resident professional engineer" or "resident professional surveyor", with respect to principal office and branch office requirements, means a licensed practitioner who spends a majority of each normal workday in the principal or branch office.

#### PROFESSIONAL SERVICES OFFERED

Make changes only to add or delete services. If no change, leave blank.

#### **SIGNATURE**

Application should be signed by an officer of the firm.



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# AMENDED CERTIFICATE OF AUTHORIZATION (COA) APPLICATION

| TYPE OF ORGANIZATION Only sole proprietorships in whice Smith, P.E.  | th the firm's name is that of t | he licensed prof | Pessional are exempt | , i.e., John |  |
|--|---------------------------------|------------------|----------------------|--------------|--|
| <ul> <li>☐ Business Corporation</li> <li>☐ Partnership</li> <li>☐ Limited Liability Company</li> <li>☐ No change to the Structure</li> </ul> |                                 |                  |                      |              |  |
| FEIN/Social Security No.*: * Application cannot be processed   |                                 |                  |                      |              |  |
| Certificate of Authorization No  | <b>.:</b>                       |                  |                      |              |  |
| BUSINESS INFORMATION   |                                 |                  |                      |              |  |
| Business Name:   |                                 |                  |                      |              |  |
| DBA Name (if applicable):  |                                 |                  |                      |              |  |
| Principal Address:   |                                 |                  |                      |              |  |
| City:  |                                 | State:           | Zip:                 |              |  |
| Phone No.:   | Fax                             | No.:             |                      |              |  |
| Email:   |                                 |                  |                      |              |  |
| BRANCH OFFICE LOCATIO<br>List all branches offering/providi<br>sheet, if necessary.)   | ng Engineering and/or Surve     |                  |                      |              |  |
| 1. Branch Address:   |                                 |                  |                      |              |  |
| City:  |                                 | State:           | Zip:                 |              |  |
| 2. Branch Address:   |                                 |                  |                      |              |  |
| City:  |                                 | State:           | Zip:                 |              |  |
| 3. Branch Address:   |                                 |                  |                      |              |  |
| City:  |                                 | State:           | Zip:                 |              |  |

## IDENTIFY SC LICENSED PE OR LS WITH CORPORATE RESPONSIBILITY

Identify South Carolina licensed PE or LS with corporate responsibility for the SC engineering and/or surveying practices provided by main and each branch office location providing such services: (Attach additional sheets if necessary. An engineer must be responsible for engineering practice; a surveyor must be responsible for surveying practice.) Only one individual may be identified for each profession. The designated resident professional in responsible charge must complete the Resident Licensee in Responsible Charge Affidavit.

| Name   | Office Location | SC Registration No. | PE/LS |  |  |  |  |
|--|-----------------|---------------------|-------|--|--|--|--|
|  |                 |                     |       |  |  |  |  |
|  |                 |                     |       |  |  |  |  |
|  |                 |                     |       |  |  |  |  |
|  |                 |                     |       |  |  |  |  |
|  |                 |                     |       |  |  |  |  |
|  |                 |                     |       |  |  |  |  |
| PROFESSIONAL SERVICES OFFERED (Check all that apply)                                 |                 |                     |       |  |  |  |  |
| ☐ Engineering ☐ Land Surveying ☐ Geodetic Surveying ☐ GIS Surveying ☐ Photogrammetry |                 |                     |       |  |  |  |  |
|  |                 |                     |       |  |  |  |  |
| Signature  | Titl            | e                   | Date  |  |  |  |  |
|  |                 |                     |       |  |  |  |  |
| Print Name   |                 |                     |       |  |  |  |  |



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# RESIDENT LICENSEE IN RESPONSIBLE CHARGE AFFIDAVIT

| I,         | , the undersigned, being duly sworn, affirm under   |
|------------|---|
| oath that  | I am licensed with the South Carolina State Board of Registration for Professional Engineers and Surveyors  |
| ("Board"   |   |
| □ P:       | rofessional Engineer  |
|            | rofessional Surveyor  |
|            | rual Licensee   |
| And I an   | n a:  |
| □ co       | orporate officer  |
| □ pı       | rincipal owner  |
| ☐ fu       | ıll-time employee   |
| of [name   | e of firm] and serve as its   |
| Resident   | Licensee in Responsible Charge of   |
| □ eı       | ngineering services   |
| □ su       | urveying services   |
| □ b        | oth engineering and surveying services  |
| at [princi | ipal place of business or branch office]  |
| _          | te]   |
|            | ···   |
| Initial ea | ach statement below:  |
|            | I affirm that I have read, understand and meet all criteria necessary to serve as the resident licensee in responsible charge for a firm applying to receive a Certificate of Authorization as set forth in S.C. Code Ann. § 40-22-250. |
|            | I understand that this designation makes me responsible for supervising all engineering and/or surveying work, as identified above, at the principal place of business or branch office named above.                                    |
|            | I further affirm that I am not designated as the resident licensee in responsible charge of any other engineering or surveying firm or office.  |
|            | _ In the event that my status as the resident licensee in responsible charge terminates or changes from what is designated above, I shall immediately provide written notice to the Board of such termination or change.                |
|            | I understand that attesting to false or incorrect information may result in the denial of the COA and/or disciplinary action against my license.  |

| Signature of Licensee in Responsible Charge | SC License No. |  |
|---|----------------|--|
| Sworn and subscribed before me this day of  | , 20           |  |
| Notary Signature:                           |                |  |
| Print Notary Name:                          | (SEAL)         |  |
| Notary Public for the State of:             |                |  |
| Commission Expiration Date:                 |                |  |