



NH BOARD OF ARCHITECTS
121 SOUTH FRUIT STREET, SUITE 201
CONCORD, NH 03301

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

PART I. COMPANY INFORMATION- Must agree with information submitted to Secretary of State

COA#:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
<small>(COA# is required for renewals only, located on your prior year's certificate)</small>		
Firm Name:		
<small>(Include DBA or any names previously used if applicable)</small>		
Business Address:		
Contact Person:	Telephone Number:	
Contact Email Address:		

PART II. FEE SCHEDULE	CRITERIA	PAYMENT INFORMATION
<input type="checkbox"/> Application Fee \$80.00	Payable by December 31, 2016	Make check payable to "Treasurer, State of New Hampshire" OR pay with MasterCard or Visa by downloading the credit card sheet www.oplc.nh.gov/documents/credit-card-payment.pdf
<input type="checkbox"/> Late Fee \$16.00 per month	Include the \$16.00 per month or fraction of a month the renewal is late	

PART III. PLEASE LIST NAMES AND ADDRESSES OF CORPORATE OFFICERS OR PARTNERS - Attach Additional Sheets if Necessary

Name	Address

PART IV. LIST ONLY ARCHITECTS LICENSED/REGISTERED IN NEW HAMPSHIRE
 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* (Full or Part time)

I attest that the information contained in this form is true and correct to the best of my knowledge and belief and acknowledge that the provision of false information in the application is a basis for disciplinary action by the board.

Signature

Date

Find us on-line at www.oplc.nh.gov/architects/index.htm

Please note that certificates will no longer be sent by postal mail. Certificates will be emailed to the email listed on this form. If you require a paper copy of your certificate of authorization please contact Christine by email christine.horne@nh.gov

Credit Card Sheets are not accepted via e-mail

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard (required)			
Card Number			(required)
Expiration Date:	Month:	Year:	(required)
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

CONFIDENTIAL