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

APPLICATION FOR CERTIFICATE OF AUTHORIZATION (COA) FOR THE PRACTICE OF ENGINEERING

PART 1. COMPANY INFORMATION- All information below must agree with information submitted to Secretary of State	
COA#: **(COA# is required for renewals only, located on your prior year's certificate)**	☐ New ☐ Renewal
Business Name: **(Include DBA Name if applicable)**	Fields of engineering:
Business Address:	
Contact Person:	Person legally authorized to sign documents:
Telephone Number:	Contact Email Address:

PART II. FEE SCHEDULE	**PAYMENT INFORMATION**
☐ Corporation Application Fee $100.00	Make check payable to "Treasurer, State of New Hampshire" **OR** pay by Visa or MasterCard by downloading the credit card sheet www.oplc.nh.gov/documents/credit-card-payment.pdf

PART IV. LIST ONLY ENGINEERS LICENSED/REGISTERED IN NEW HAMPSHIRE
Person(s) responsible for engineering activities and decisions. Only one Engineer is required (*working at least 37.5 hours per week).

Name	Address	NH lic #	Status* (Full or Part time)

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

Name	Address

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

Renew on-line at https://www.app-support.nh.gov/licensing/
Find us on-line at www.oplc.nh.gov/engineers/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 Linda by email linda.balich@oplc.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.

Fax: 603-271-7928

This page will be destroyed after the transaction has taken place.

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

Confidential

Rev. 5/16 Any payment for issued licenses or certifications are non-refundable.