

# OHIO'S STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND SURVEYORS

## Certificate of Authorization application instructions **3010**

### Each application must include...

- Notarized **Certificate of Authorization application**: PES 3011 (Rev. 07/2010).
- Separate notarized **Firm affidavit of responsibility** for each professional engineer and professional surveyor designated in responsible charge: PES 3012 (Rev. 07/2010).
- An **active Ohio Secretary of State charter or registration number** authorizing the firm to do business in the state of Ohio. In addition, if a firm is using a *doing business as* (DBA) name, an active Ohio Secretary of State charter or registration number authorizing the firm's DBA name to do business in the state of Ohio is needed.
- Appropriate application fee, using check or money order, and made payable in U.S. funds to **Treasurer, State of Ohio**. NEW, NAME CHANGE, or ADDITIONAL SERVICE application fee is \$50.00. ANNUAL RENEWAL application fee is \$25.00. LATE ANNUAL RENEWAL application fee is \$37.50.

### Contacting Ohio's Secretary of State

The following contact information is subject to change.

- On the web [www.sos.state.oh.us](http://www.sos.state.oh.us)
- Telephone (877) 767-6446 U.S. toll free or (614) 466-2655 Columbus metro

### Important checklist information

- Application must be filled out completely.
- Each full-time employee designated in responsible for, and responsible charge of, the professional engineering or professional surveying activities and decisions must fill out **Firm affidavit of responsibility** PES 3012 (Rev. 07/2010).
- The full-time employee must be a partner, manager, member, officer or director and shall be registered in this state. Full-time, as defined in Ohio R.C. section 4733.16, means working more than 30 hours per week or working substantially all the engineering and/or surveying hours for a firm that holds a Certificate of Authorization.
- The firm and/or its DBA must hold an active registration(s) with the Ohio Secretary of State.
- Applications without the correct fee or with incomplete information will be returned.
- All Certificates of Authorization expire annually on June 30.
- Failure to renew the Certificate of Authorization by the June 30 deadline renders the firm inactive and unauthorized to practice in the state of Ohio.
- Firms must notify the Board within 30 days of any change of the firm's name or address.
- Firms are responsible for notifying the Board within 30 days of any changes of partners, managers, officers, members, directors, shareholders, designated professional engineers, designated professional surveyors or change of ownership.
- Firms with a name change must file a new application and include an application fee of \$50.00.
- Firms adding an additional service must file a new application and include an application fee of \$50.00.
- Firms that do not wish to renew their Certificate of Authorization must notify the Board in writing.
- A Certificate of Authorization is not the same as an individual license to practice professional engineering or professional surveying in the state of Ohio.

### Disclosure statement, privacy notice

Ohio's State Board of Registration for Professional Engineers and Surveyors is requesting disclosure of information that is necessary to accomplish our statutory purposes required by Ohio Revised Code Chapter 4733. Failure to provide required information may result in your approval being delayed or your application being returned. Subject to certain Ohio Revised Code statutory exceptions, most documents and records maintained by the state of Ohio, including those maintained by the Board, are public records under Ohio law. This means that information submitted to us from you may be subject to disclosure if there is an official public records request.

Deliver completed Certificate of Authorization application with affidavit(s) and fee to:

CERTIFICATE OF AUTHORIZATION  
ENGINEERS AND SURVEYORS BOARD  
50 W BROAD ST STE 1820  
COLUMBUS OH 43215-5905

### Questions?

EMAIL  
[pes.board@pes.ohio.gov](mailto:pes.board@pes.ohio.gov)

FAX  
(614) 728-3059

U.S. TOLL FREE  
(877) 644-6364

**Certificate of Authorization application****3011**

**You can complete and save this document on your computer.** This application is for firms requiring an Ohio Certificate of Authorization in order to provide; or offer to provide; professional engineering, professional surveying, or professional engineering and professional surveying services pursuant to Ohio R.C. Chapter 4733. Use this application for new, renewal and late renewal approvals; or for a name change or adding a service. **Current registration with the Ohio Secretary of State is required.**

**Application type >> CHOOSE ONLY ONE**

- \$50.00 NEW**                       **\$25.00 ANNUAL RENEWAL**  
 **\$50.00 NAME CHANGE**         **\$37.50 LATE ANNUAL RENEWAL**  
 **\$50.00 ADDITIONAL SERVICE**

**Ohio Board Certificate of Authorization number**

REQUIRED unless new firm &gt;&gt; 5 DIGITS

The appropriate nonrefundable application fee, using check or money order and made payable in U.S. funds to **Treasurer, State of Ohio**, is required by Ohio Revised Code Chapter 4733. **Incomplete applications or applications without appropriate fee cannot be processed and will be returned.**

**Firm is registered with the Ohio Secretary of State as**

- Corporation     Limited Liability Company     Professional Association  
 Partnership  
 Other DESCRIBE >>

**Professional services to be offered**

- Engineering **ONLY**     Surveying **ONLY**     Engineering **AND** Surveying

**Firm contact information**

An **active** Ohio Secretary of State (SOS) charter or registration number authorizing the firm to do business in the state of Ohio is required to be registered for each firm name, and firm DBA name if used. Contact the Secretary of State at [www.sos.state.oh.us](http://www.sos.state.oh.us).

OHIO SOS NO. >> **REQUIRED**

FIRM NAME

OHIO SOS NO. >> **REQUIRED with DBA**FIRM DBA >> **ONLY if using DBA (Doing Business As) name**

EMAIL ADDRESS

FEDERAL EMPLOYER ID NUMBER

**LOCATION OFFERING PROFESSIONAL SERVICES FOR OHIO** Indicate if change of addressADDRESS LINE 1 >> **PO Box is NOT acceptable**TELEPHONE >> **REQUIRED**ADDRESS LINE 2 >> **ONLY if needed**COUNTY >> **REQUIRED if Ohio address**

CITY

STATE ZIP+4

**MAILING ADDRESS >> ONLY IF DIFFERENT THAN ABOVE LOCATION** Indicate if change of address

ADDRESS LINE 1

TELEPHONE

ADDRESS LINE 2 >> **ONLY if needed**COUNTY >> **REQUIRED if Ohio address**

CITY

STATE ZIP+4

# Certificate of Authorization application

**3011**

## Ownership

If firm has more than four owners, attach additional pages with the same information.

<b>1</b>	OWNER NAME <input type="text"/>	OWNER ADDRESS <input type="text"/>
<b>2</b>	OWNER NAME <input type="text"/>	OWNER ADDRESS <input type="text"/>
<b>3</b>	OWNER NAME <input type="text"/>	OWNER ADDRESS <input type="text"/>
<b>4</b>	OWNER NAME <input type="text"/>	OWNER ADDRESS <input type="text"/>

## Registered individuals in responsible charge

All professional services shall be executed by or be under the direct supervision of an Ohio-registered professional engineer or professional surveyor. Pursuant to Ohio R.C. section 4733.16, each corporation, limited liability company, partnership or professional association through which professional engineering or surveying services are offered or provided in Ohio, shall designate one or more directors, partners, managers, members or officers **employed by the firm full time** as being responsible for and in responsible charge of the professional engineering or professional surveying activities and decisions of the firm.

## Name, registration number, position of registrant in responsible charge

**IMPORTANT!** Each registrant listed as in responsible charge must include an accompanying **Firm Affidavit of Responsibility** (PES 3012). If more than four registrants are in responsible charge, attach additional pages with the same information.

<b>1</b>	PRINTED NAME >> Include notarized PES 3012 <input type="text"/>	P.E. NUMBER <input type="text"/>	P.S. NUMBER <input type="text"/>	<b>INDICATE ALL THAT APPLY</b> <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Officer
<b>2</b>	PRINTED NAME >> Include notarized PES 3012 <input type="text"/>	P.E. NUMBER <input type="text"/>	P.S. NUMBER <input type="text"/>	<b>INDICATE ALL THAT APPLY</b> <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Officer
<b>3</b>	PRINTED NAME >> Include notarized PES 3012 <input type="text"/>	P.E. NUMBER <input type="text"/>	P.S. NUMBER <input type="text"/>	<b>INDICATE ALL THAT APPLY</b> <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Officer
<b>4</b>	PRINTED NAME >> Include notarized PES 3012 <input type="text"/>	P.E. NUMBER <input type="text"/>	P.S. NUMBER <input type="text"/>	<b>INDICATE ALL THAT APPLY</b> <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Officer

# Certificate of Authorization application

**3011**

## Additional Ohio P.E., P.S. registrants employed by firm

List registrant name, registration number and firm location address of each Ohio P.E. or Ohio P.S. whose services are employed by the firm as of the date of this application. If needed, attach additional pages with the same information required below.

REGISTRANT NAME <input type="text"/>	P.E. NUMBER <input type="text"/>	FIRM LOCATION ADDRESS <input type="text"/>
	P.S. NUMBER <input type="text"/>	

REGISTRANT NAME <input type="text"/>	P.E. NUMBER <input type="text"/>	FIRM LOCATION ADDRESS <input type="text"/>
	P.S. NUMBER <input type="text"/>	

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REGISTRANT NAME <input type="text"/>	P.E. NUMBER <input type="text"/>	FIRM LOCATION ADDRESS <input type="text"/>
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## Disclosure statement, privacy notice

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# Certificate of Authorization application

# 3011

### Notarized affidavit

STATE OF

### AFFIANT

I, \_\_\_\_\_ [ PRINTED NAME ] ,

being duly sworn, or affirmed, depose and say that I am duly authorized to prepare this application for a Certificate of Authorization and attest, to the best of my knowledge and belief, that the information contained herein is true.

### DECLARATION in accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes" or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?.....   | YES                      | NO                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?.....  | YES                      | NO                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? .....  | YES                      | NO                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? .....  | YES                      | NO                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? .....   | YES                      | NO                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?..... | YES                      | NO                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |

AFFIANT SIGNATURE

AFFIANT TITLE

DATE SIGNED

### NOTARY

Subscribed and sworn, or affirmed, to me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

Witness my hand and seal hereon.

NOTARY SIGNATURE

MY COMMISSION EXPIRES



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U.S. TOLL FREE

(877) 644-6364

**Firm affidavit of responsibility****3012**

Complete a separate **Firm affidavit of responsibility** for each professional engineer or professional surveyor who is designated in responsible charge. Affidavits of responsibility must accompany all Certificate of Authorization applications.

**Firm name, Ohio Board Certificate of Authorization number**FIRM NAME >> **SAME NAME** as on Certificate of Authorization application OHIO BOARD CERTIFICATE OF AUTHORIZATION NUMBER >> **5-DIGITS**

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**Professional services to be offered**

Engineering **ONLY**    Surveying **ONLY**    Engineering **AND** Surveying

**Ohio registrant designated in responsible charge**OHIO P.E., P.S. OR DUAL (P.E. **AND** P.S.) REGISTRANT DESIGNATED IN RESPONSIBLE CHARGE

P.E. NUMBER

P.S. NUMBER

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**Notarized affidavit**

STATE OF

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**AFFIANT**

I, \_\_\_\_\_ [ PRINTED NAME ] ,

being the duly sworn, or affirmed, affiant; state that I am a registered professional engineer and/or a registered professional surveyor in the state of Ohio as indicated above; that I am a full time employee of the above-named firm; that I am in responsible charge for and in responsible charge of the professional engineering or professional surveying activities and decisions of this firm; and that I meet the requirements pursuant to Ohio Revised Code Chapter 4733 for such designation.

AFFIANT SIGNATURE

DATE SIGNED

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**NOTARY**

Subscribed and sworn, or affirmed, to me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

Witness my hand and seal hereon.

NOTARY SIGNATURE

MY COMMISSION EXPIRES

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