

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

Certificate of Authorization Application Instructions **3010**

These instructions are for firms completing a first-time application, or an annual renewal application, for a Certificate of Authorization in order to provide or offer to provide engineering, surveying, or engineering **and** surveying services in the state of Ohio.

Each application must include...

- Notarized **Certificate of Authorization application: PES 3011** (Rev. 04/2009).
- Notarized **Firm affidavit of responsibility** for each professional engineer and professional surveyor designated in responsible charge: **PES 3012** (Rev. 04/2009).
- An **active** Ohio Secretary of State charter or registration number authorizing the firm to do business in the state of Ohio.
- Appropriate application fee made payable in U.S. funds to Treasurer, State of Ohio. NEW application fee is **\$50.00**. RENEWAL application fee is **\$25.00**. LATE 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
- Telephone U.S. TOLL FREE (877) 767-6446 or COLUMBUS METRO (614) 466-2655

Important 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. 04/2009).
- 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 must hold an active registration with the Ohio Secretary of State in order to do business in the state of Ohio.
- 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 change of name 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 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

FAX
(614) 728-3059

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

Certificate of Authorization Application

3011

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, in the state of Ohio pursuant to **Ohio Revised Code Chapter 4733**. **Registration with the Ohio Secretary of State is required.**

Application type including appropriate nonrefundable fee

- \$50.00 NEW
- \$50.00 NAME CHANGE
- \$25.00 RENEWAL
- \$37.50 LATE RENEWAL

Ohio Certificate of Authorization number

REQUIRED if name change, renewal, or late renewal >>

The appropriate nonrefundable application fee, 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 will be returned

Firm is registered with the Ohio Secretary of State as a

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

Ohio Secretary of State Charter/Registration number

REQUIRED >>

Professional services offered

- Engineering ONLY Surveying ONLY Engineering AND Surveying

Firm contact information

FIRM NAME

FEDERAL EMPLOYER I.D. NUMBER

FIRM DBA >> ONLY if needed

TELEPHONE

EMAIL ADDRESS

FAX

LOCATION OFFERING PROFESSIONAL SERVICES IN OHIO

ADDRESS LINE 1 >> P.O. Box is NOT acceptable

COUNTY >> REQUIRED if Ohio address

ADDRESS LINE 2 >> ONLY if needed

CITY

STATE ZIP+4

<input type="text"/>	<input type="text"/>	<input type="text"/>
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MAILING ADDRESS ONLY IF DIFFERENT THAN ABOVE LOCATION

ADDRESS LINE 1

COUNTY >> REQUIRED if Ohio address

ADDRESS LINE 2 >> ONLY if needed

CITY

STATE ZIP+4

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Certificate of Authorization Application

3011

Ownership

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

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

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

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 style="width: 95%;" type="text"/>	P.E. NUMBER <input style="width: 95%;" type="text"/>	FIRM LOCATION ADDRESS <input style="width: 95%; height: 50px;" type="text"/>
	P.S. NUMBER <input style="width: 95%;" type="text"/>	

REGISTRANT NAME <input style="width: 95%;" type="text"/>	P.E. NUMBER <input style="width: 95%;" type="text"/>	FIRM LOCATION ADDRESS <input style="width: 95%; height: 50px;" type="text"/>
	P.S. NUMBER <input style="width: 95%;" type="text"/>	

REGISTRANT NAME <input style="width: 95%;" type="text"/>	P.E. NUMBER <input style="width: 95%;" type="text"/>	FIRM LOCATION ADDRESS <input style="width: 95%; height: 50px;" type="text"/>
	P.S. NUMBER <input style="width: 95%;" type="text"/>	

REGISTRANT NAME <input style="width: 95%;" type="text"/>	P.E. NUMBER <input style="width: 95%;" type="text"/>	FIRM LOCATION ADDRESS <input style="width: 95%; height: 50px;" type="text"/>
	P.S. NUMBER <input style="width: 95%;" type="text"/>	

REGISTRANT NAME <input style="width: 95%;" type="text"/>	P.E. NUMBER <input style="width: 95%;" type="text"/>	FIRM LOCATION ADDRESS <input style="width: 95%; height: 50px;" type="text"/>
	P.S. NUMBER <input style="width: 95%;" type="text"/>	

REGISTRANT NAME <input style="width: 95%;" type="text"/>	P.E. NUMBER <input style="width: 95%;" type="text"/>	FIRM LOCATION ADDRESS <input style="width: 95%; height: 50px;" type="text"/>
	P.S. NUMBER <input style="width: 95%;" type="text"/>	

REGISTRANT NAME <input style="width: 95%;" type="text"/>	P.E. NUMBER <input style="width: 95%;" type="text"/>	FIRM LOCATION ADDRESS <input style="width: 95%; height: 50px;" type="text"/>
	P.S. NUMBER <input style="width: 95%;" type="text"/>	

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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FAX

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U.S. TOLL FREE

(877) 644-6364

Firm Affidavit of Responsibility

3012

Complete separate firm Affidavits of Responsibility for each professional engineer or professional surveyor designated in responsible charge. Affidavits of Responsibility must accompany all Certificate of Authorization applications.

Firm name, Ohio Certificate of Authorization number

FIRM NAME >> SAME NAME as on Certificate of Authorization application

OHIO CERTIFICATE OF AUTHORIZATION NUMBER >> 5-DIGITS

Professional services 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

Notarized affidavit

STATE OF

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

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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