

CERTIFICATE OF AUTHORIZATION APPLICATION

INSTRUCTIONS Po	РD\$Ск/Мо#
Application must be typed.Unless all required information is furnished, the applicationAttach additional sheets if more space is required.Date of Application:Click here to enter a date.	
ALL FEES ARE NON-REFUNDABLE.	
First-Time COA Applicants	
[\$150 Firm/organization with two (2) or more Professional Landscape Architects (count in	cludes ALL PLAs, and non-WV PLAs)
<u>COA Reinstatement Applicant</u> -Request to reinstate COA # COClick here to enter to \$60 Sole proprietorship (no employees)	ext00
5350 Firm/organization with two (2) or more Professional Landscape Architects (count in	cludes ALL PLAs, and non-WV PLAs)
Check appropriate box: Sole Proprietorship Corporation Limited Partnership or Limitied Liability Partnership Other A firm must also register with the Secretary of State's office prior to providin Please be advised their agency may have additional requirements with respect	
STATEMENT	
Name of Firm: FEIN: Mailing Address: City	ty State Zip
Corporation: State: Date of Incorporation:	/eb Address:
Click here to enter a date. Telephone: Fax : Email	
<u>CORPORATE OFFICERS</u> List below the name, address and title of each officer of the corporation. If any such State Board of Registration for Landscape Architects, list their PLA registration number	

 NAME
 TITLE
 COMPANY ADDRESS
 WV LIC #

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REGISTERED INDIVIDUAL IN RESPONSIBLE CHARGE

The following West Virginia Professional Landscape Architect is in direct control or has personal supervision of the practice and all personnel who act on behalf of the firm in professional matters and will be responsible for the proper conduct of the above named firm in the State of West Virginia for the practice of landscape architecture. A landscape architect who renders occasional, part-time or consulting engineering to or for a firm may not be designated as being responsible for the professional activities of the firm unless that landscape architect is an owner or principal of the firm.

First Name:	Middle:	Last:	Suffix:
Position/Title:			WV Registration #:
Mailing Address:	City	County	State Zip
Telephone:	Fax Number:	Email	

DISCLOSURE

No	TYes	Have you personally ever been convicted in any jurisdiction of any felony? A guilty plea must be disclosed on this application. Do not disclose violations ahat were adjudicated as a minor in the juvenile court system.
🗌 No	TYes	Have you ever personally been subject to any disciplinary action or any investigation by any local, state or national regulatory bodt (including WV)?
🗌 No	Yes	Have you personally ever been convicted in any jurisdiction of any misdemeanor? A guilty plea must be disclosed on this application. Do not disclose violations ahat were adjudicated as a minor in the juvenile court system.
🗌 No	TYes	Have you ever personally been denied licensure in another jurisdiction?
No	Yes	Are you currently practicing or even offering to provide landscape acchitectural services for projects in WV?
No	Yes	Has this firm ever been subject to any disciplinary action or any investigation by any local, state or national regulatory body (invluding WV)?
🗌 No	Yes	Has this firm ever been denied a Certificate of Authorization (or similar company license) in another jurisdiction?
🗌 No	Yes	Is this firm currently practicing or even offering to provide landscape architectural services for projects in WV?

If you answered "Yes" to one or more of the above questions, attach additional pages providing an explanation of the events, a description of the investigation, disciplinary proceedings, type of sanctions imposed, or any other documentation relating to this matter, including applicable criminal conviction records, state police or court records. You also have the right to include any additional information you wish to have considered with this application (i.e., reference letters, documentation of rehabilitation, etc.).

AFFIDAVIT OF REGISTERED INDIVIDUAL IN RESPONSIBLE CHARGE

 State of ______

 County of ______

I ______, being duly sworn, state that I am a licensed professional landscape architect Name of WV Licensed Professional Landscape Architect in the State of West Virginia and that I am responsible for the proper conduct of all the engineering activities in the State of West

Virginia of ______. I so hereby certify that I have read and understood the Laws, Rules

and Regulations of the WV Board of Landscape Architects.

Signature of WV Licensed Professional Landscape Architect

Subscribed and sworn before me this	day of	, 20
My commission expires:		
(SEAL)		Notary Public

OTHER WV REGISTRANTS EMPLOYED BY THE FIRM

List below the name, address and registration number of each WV Professional Landscape Architect whose professional services are employed by the firm as of the date of this application.

NAME	COMPANY ADDRESS	WVREG #

** In an effort to avoid duplicate billings for branch offices operating under the same FEIN, please attach a list of all such branch offices and their addresses to be covered under this Certificate of Authorization.

WV CODE 30-13-17. Certificates of authorization required; naming of landscape architecture firms.

- (a) No person or firm is authorized to practice or offer to practice landscape architecture in this state until the person or firm has been issued a certificate of authorization by the board.
- (b) A person or firm desiring a certificate of authorization must file all the required information with the board on an application form specified by the board. The required information shall include the sworn statement of the landscape architect in responsible charge who is a licensed professional landscape architect registered in this state. The board shall issue a certificate of authorization to an applicant who has met all the requirements and paid the fees set forth in board rules.
- (c) No person or firm is relieved of responsibility for the conduct or acts of its agents, employees, officers or partners due to compliance with the provisions of this article. No individual practicing landscape architecture under the provisions of this article is relieved of responsibility for landscape architectural services performed due to his or her employment or other relationship with a person or firm holding a certificate of authorization.
- (d) A landscape architect who renders occasional, part-time or contract landscape architectural services to or for a firm may not be designated as being in responsible charge for the professional activities of the firm unless that landscape architect is an owner or principal of the firm.
- (e) The Secretary of State shall not issue a certificate of authority or business registration or license to an applicant whose business includes, among the objectives for which it is established, the words landscape architect, landscape architectural or any modification or derivation thereof unless the board of registration for this profession has issued to the applicant a certificate of authorization or a letter indicating eligibility to receive the certificate. The certificate or letter from the board shall be filed with the application filed with the Secretary of State to do business in West Virginia.
- (f) The Secretary of State shall decline to register a trade name or service mark which includes the words landscape architect, landscape architectural or modifications or derivatives thereof in its business name or logotype except those businesses holding a certificate of authorization issued under the provisions of this article.
- (g) The certificate of authorization may be renewed in accordance with board rule upon payment of the required renewal fee.
- (h) Every holder of a certificate of authorization has a duty to notify the board promptly of any change in information previously submitted to the board in an application for a certificate of authorization.

<u>AFFIDAVIT</u>

It is hereby stipulated that the firm agrees to remain in good standing with all State agencies and departments as of the date of this application. If applicable, the Corporation Department in the office of the West Virginia Secretary of State shall be contacted immediately upon receipt of the Certificate of Authorization granted by the WV Board of Registration for Landscape Architects. It is recognized that failure to contact the WV Secretary of State's office, or failure to remain in good standing with them or any other state agency or department, will result in the possible revocation of the COA granted by this Board.

IN WITNESS WHEREOF, the corporation has caused its corporate name and seal (if applicable) to be hereunto affixed by its

President and attested to by its Secretary this ______ day of _____, 20_____

ATTEST: (If applicable)

NAME OF FIRM

SIGNATURE OF SECRETARY (OFFICER)

SIGNATURE OF PRESIDENT (OFFICER)