

**APPLICATION FOR BUSINESS ENTITIES AUTHORIZATION**

If there is a change in the individual or individuals responsible or in charge, the changes shall be designated in writing and filed with the Board within thirty (30) days after the effective date of the change. If this is a name change to the business it must also be accompanied by the copy of Name Change filed with the Secretary of State.

This AMENDED application is hereby made, by the undersigned, for authorization to offer Engineering Services and/or Land Surveying Services in the State of Wyoming as a corporation.

1. Name of firm & address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

2. Address of branch offices in the state:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name, registration number, and corporate status of individual(s) responsible for or in charge of professional engineering or professional land surveying activities in the state. If the designated person in responsible charge changes, an amended application must be received with new seal and signature affixed to application.

Name	Title	Address	PE/PLS Reg. No./Branch	State
_____				
_____				
_____				
_____				
_____				
_____				

Wyoming Board of Registration for Professional Engineers and Professional Land Surveyors  
6920 Yellowtail Drive, Suite 100, Cheyenne, WY 82002 (307) 777-6155

4. Provide a description of professional engineering and/or land surveying services offered or practiced in the state.

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5. Is corporation an office of engineering, land surveying, or both?

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6. AFFIDAVIT

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, depose, and say: I, the person in charge of professional activities of the aforementioned corporation in the state, have read the contents hereof, and to the best of my knowledge and belief all statements herein contained are true in substance and effect and are made in good faith, with no information being suppressed which might affect this application.

Registrant's Wyoming Seal

\_\_\_\_\_  
Signature of individual in charge of activities of the firm in this state

\_\_\_\_\_  
Wyoming Registration Number and expiration date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**BOARD USE ONLY**

Date \_\_\_\_\_

Fee Paid \_\_\_\_\_

Issued \_\_\_\_\_

Number \_\_\_\_\_