

APPLICATION FOR BUSINESS ENTITIES AUTHORIZATION

This applications must be accompanied with a check for \$75.00 made payable to the above-named office. 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.

NOTE: Before doing business in Wyoming, the business entity must be registered with the Secretary of State

Renewals: Corporations must complete a renewal form every two years and submit to the Board, along with the required renewal fee of \$115.00.

This _____ (indicate whether *original, amended, or renewal*) 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
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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.

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

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 _____