



New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Professional Engineers and Land Surveyors
124 Halsey Street, 3rd Floor, P.O. Box 45015
Newark, New Jersey 07101
(973) 504-6460

Certificate of Authorization Reinstatement Instruction Sheet

The application must be typed or printed clearly. Separate sheets of paper may be used for additional information.

Please submit the following:

- A nonrefundable reinstatement fee of \$125.00, made payable to the State Board of Professional Engineers and Land Surveyors.
- A fee of \$120.00 for the two-year biennial cycle for which reinstatement is sought, made payable to the State Board of Professional Engineers and Land Surveyors.
- The "Details of Ownership" information must be submitted with the reinstatement application.
- A copy of the most current annual report filed with Division of Revenue in the New Jersey Department of Treasury.

Any changes (corporate address, address of record, if different, professional engineer and/or land surveyor in responsible charge, corporate officers, etc.) must be reported in writing within 30 days of the change.

- Return the Certificate of Authorization reinstatement application to the address below.

STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS
P.O. BOX 45015
NEWARK, NJ 07101

NOTE: Applications not signed, notarized, dated or received without required documentation will be returned.

PLEASE INDICATE A DESIGNATED RESPONSIBLE-CHARGE LICENSEE AS THE CONTACT PERSON WHO WILL RECEIVE ALL CORRESPONDENCE FROM THE BOARD.



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Reinstatement Application for a Certificate of Authorization

Required pursuant to the provisions of N.J.A.C. 13:40-10.2(e)

Period from: _____ **Period to:** _____ **Certificate No.:** _____

Reinstatement fee: \$125.00 - Make your check or money order payable to the State Board of Professional Engineers and Land Surveyors and return to: State Board of Professional Engineers and Land Surveyors, P.O. Box 45015, Newark, NJ 07101.

Business name	Telephone no. (include area code)
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Business address

Complete this section **only if** your name or address is **different** from that printed above.
 (You must include a copy of legal documentation for a name change.)

Business name	Telephone no. (include area code)
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Business address

Print name of licensee in responsible charge

Please submit a copy of the current annual report filed with the Division of Revenue in the New Jersey Department of the Treasury with this application.

Certification Statement

"I certify that the information entered on this form is true and complete to the best of my knowledge, and further acknowledge that if the above information is willfully false, I am subject to punishment and/or disciplinary sanction including license or certification suspension/revocation or the imposition of civil penalties as may be provided by law."

Signature of licensee in responsible charge	Date
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Print name of licensee in responsible charge	Business telephone no. (include area code)
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Print full license number of licensee in responsible charge	E-mail address
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If the name of the licensee in responsible charge has **changed**, check this box to receive a new wall certificate.

DETAILS OF OWNERSHIP


Professional Engineers Land Surveyors Professional Engineers and Land Surveyors
 Please check if there have been no changes to the Details of Ownership since originally filed.

I certify that I am familiar with the laws and regulations governing the practices of professional engineers and/or land surveyors in New Jersey. I am aware that the Certificate of Authorization may be revoked if any agent, employee, director or officer of the corporation or manager or member of a limited liability company violates or causes to be violated any provisions of those laws or regulations.

Designation:* D = Director M = Manager or Member O = Officer
 P = Principal Stockholder A = All designations
 Please specify if more than one designation is applicable.

Name and address (and title if any) of each officer, director, manager and principal stockholders.	*Desig.			Number of shares		New Jersey license number, if applicable	Signature
	D	M	O	Owned	Percent		
						PE _____ ID _____ RA _____ PP _____ LS _____ LA _____	
						PE _____ ID _____ RA _____ PP _____ LS _____ LA _____	
						PE _____ ID _____ RA _____ PP _____ LS _____ LA _____	
						PE _____ ID _____ RA _____ PP _____ LS _____ LA _____	
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						PE _____ ID _____ RA _____ PP _____ LS _____ LA _____	
						PE _____ ID _____ RA _____ PP _____ LS _____ LA _____	

Use an additional sheet of paper if necessary.

Total shares issued and outstanding.  Issued: _____
 Outstanding: _____

In accordance with N.J.A.C. 13:27-4.8(d), the L.L.C. or corporation and its licensees have a continuing duty to inform the Board within 30 days of any change in the information that was originally provided to the Board.

 Signature of licensee in-responsible-charge

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).