

STATE OF WEST VIRGINIA
 BOARD OF PROFESSIONAL SURVEYORS
 1124 Smith Street, Suite 1200, Charleston, West Virginia 25301
 Telephone (304) 558-0350 Fax (304) 558-0352
 Website: www.wvbps.wv.gov Email: wvbps@wv.gov



Certificate of Authorization
 Renewal Form
2025

FOR ON-LINE Certificate of Authorization RENEWAL by Credit Card
 or ACH/EFT via WEBSITE go to (www.wvbps.wv.gov)
 FOR PAPER RENEWAL, MAIL THIS FORM and PAYMENT TO:
 West Virginia Board of Professional Surveyors
 1124 Smith Street, Suite 1200, Charleston, WV 25301
 Retain this form for your records if you choose the on-line renewal option.

Board Use Only

Date Stamp Received

RENEWAL Application for - January 1, 2025 – December 31, 2025

COA Renewal Fee (if postmarked or renewed on-line on or before December 31, 2024) - \$100.00
 If postmarked or renewed on-line after December 31, 2024, add \$20 for each month or partial month thereafter.

Name: _____

COA #: _____

Business Name:		
Mailing Address:		
Phone:		
Fax:		
Surveyor-In-Charge:		
SIC Cell:		
SIC E-mail:		
Classification–State–FEIN:		
County:		

I certify that _____, under penalty of the law, is fully registered with the West Virginia State Tax Department, the West Virginia Secretary of State (if applicable), and has obtained the required Workers' Compensation /or/ Exemption Certificate to conduct business activities in the State of West Virginia.

 (Printed Name) (Signature – Firm Owner/President) (Date)

Please list the corporate officers. (Use additional page if necessary)

Name	Mailing Address	City/State/Zip	Title	WV P.S. Lic. #
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List all WV Professional Surveyors authorized to supervise/sign work for the firm listed hereon.

WC/UC Verified _____
 (Board Use Only)

Approved _____
 (Board Use Only)

... continued on reverse

Affidavit of Licensed Surveyor-in-Charge: I, _____, certify that I hold an active professional surveyor's license in the State of West Virginia and that I am responsible for the supervision and management of all surveying activities in the State of West Virginia for the firm of, _____ conducted in its _____, _____ office.

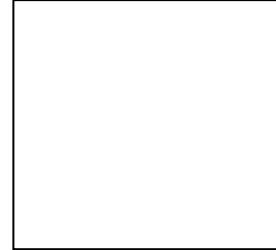
Number of employees I supervise and manage at this address: _____.

I understand that as a designated surveyor-in-charge, I must be a full-time employee of the firm, or an officer, majority interest holder, or owner of the firm. I further understand that I cannot be designated surveyor-in-charge for more than one firm or office, nor can I supervise the activities of an individual who is not employed by the firm, without advance approval by the Board.

Signature of WV Professional Surveyor-in-Charge

Date

A Certificate of Authorization will not be issued unless a WV P.S. seal appears as noted.



(WV P.S. Seal)

I **do not** wish to renew the Certificate of Authorization for _____, for calendar year **2025** for the following reason:

Business Closed (provide Date) - _____

Business Sold (provide information) - _____

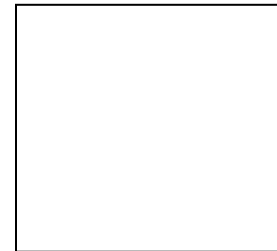
Signature of WV Professional Surveyor

Date

- or -

Signature of Firm Owner/President

Date



(WV P.S. Seal)

1. All State agencies, including WVBPS, are prohibited (96 CSR 1) from issuing or renewing any license or certificate to any applicant whose account is in default of workers' compensation or unemployment compensation payments. Questions should be directed to the Unemployment Compensation Division at 304-558-2451 or the WV Insurance Commission at 304-558-6279. Applicants must also be in compliance with all court orders, subpoenas, or warrants relating to child support issues or proceedings.

2. PLEASE ENSURE THAT THE LICENSES OF **ALL** LISTED SURVEYORS ARE CURRENTLY ACTIVE.

3. A SEPARATE CERTIFICATE OF AUTHORIZATION IS REQUIRED FOR EACH OFFICE LOCATION.

4. PLEASE ENCLOSE THE **\$100** FEE FOR YOUR CERTIFICATE OF AUTHORIZATION FOR **CALENDAR YEAR 2025**. Please make your check or money order payable to the: **West Virginia Board of Professional Surveyors (WVBPS)** and include your payment with this fully completed form and mail to the Board office (1124 Smith Street, Suite 1200, Charleston, WV 25301), **postmarked by December 31, 2024**, to avoid a \$20 per month or partial month thereof penalty.

5. Firms with expired certificates of authorization will be required to pay all late fees that accrue during periods of non-renewal, unless the Board has been duly notified and has approved the reason(s) for non-renewal.

6. Checks returned for insufficient funds will be subject to a \$25 administrative fee and other applicable bank or regulatory charges. Re-payment must be paid by cashier's check or money order.