



Board Use Only
Date Stamp Received

**Certificate of Authorization Application Form**

*West Virginia Code §30-13A-20 requires each firm practicing surveying in West Virginia to have a certificate of authorization. It states in part: "The board shall issue a certificate of authorization to a firm that practices surveying in West Virginia; provides proof that the firm has employed a surveyor-in-charge; has paid all applicable fees; and completes such other requirements as specified by the board." The application fee is \$100 and it must accompany this properly completed and legible form.*

Firm \_\_\_\_\_ COA # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Web \_\_\_\_\_

Cell phone/ Surveyor-in-Charge \_\_\_\_\_ E-mail/Surveyor-in-Charge \_\_\_\_\_

Corporate Headquarters' Address (if applicable) \_\_\_\_\_

Corporate Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Please check business classification:  Corporation  Limited Liability Company  PLLC

Limited Partnership  Limited Liability Partnership  Sole Proprietorship  General Partnership

I certify that \_\_\_\_\_, under penalty of the law, is fully registered with the  
 \_\_\_\_\_ (Firm)  
 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.#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WC/UC Verified \_\_\_\_\_  
(Board Use Only)

Approved \_\_\_\_\_  
(Board Use Only)

... continued on reverse

List all other WV Professional Surveyors authorized to supervise/sign work for the firm listed hereon. (Use additional page if necessary)

Name	Mailing Address	City/State/Zip	Title	WV PS Lic. #

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 PS seal appears as noted.

(WV PS 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 THE CURRENT CALENDAR YEAR. Please make check payable to the: **WV Board of Professional Surveyors** and mail your check and this fully completed application form to the Board office (1124 Smith Street, Suite B127C, Charleston, WV 25301).
5. 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.