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

Certificate of Authorization – Change Order

Revised August 2026

Firm: _____ COA# _____

Mailing address: _____
Street/ PO Box City State Zip Code

Physical Address: _____
Street/ PO Box City State Zip Code

Phone: _____ Website: _____

Corporate Contact: _____ Email: _____ Phone: _____

Surveyor in Charge: _____ Email: _____ Cell: _____

If requesting a COA name change, please list change below and include documents from Secretary of State's Office reflecting the change.

_____

Please **DELETE** the following WV Professional Surveyor from the list of those authorized to supervise / sign work for the firm listed hereon.

_____

Please **ADD** the following WV Professional Surveyor from the list of those authorized to supervise / sign work for the firm listed hereon.

Name Mailing Address City/State/Zip Title WVPS #

Signature of Surveyor-in-Charge: _____ Date: _____

Designation of New Surveyor-in-Charge

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, I cannot supervise the activities of an individual who is not employed by the firm, without advance approval by the Board.

Signature of Surveyor-in-Charge: _____ Date: _____ **Apply Seal**: