



# STATE OF RHODE ISLAND

## BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS

560 Jefferson Blvd, Suite 100  
Warwick, RI 02886  
Phone: (401) 889-5446 Fax: (401) 889-5535  
[www.bdp.ri.gov](http://www.bdp.ri.gov)

CERTIFICATE OF AUTHORIZATION  
(COA) AMENDED APPLICATION

### Certificate of Authorization (COA) R.I. GEN. LAWS §5-51-13

**§ 5-51-13. Partnerships, limited liability partnerships, corporations, and limited liability companies.** --- (a) Partnerships, limited liability partnerships, corporations and limited liability companies may not be licensed as registered to practice landscape architecture or to use any form of the title "landscape architect" in connection with the corporate or partnership company name unless authorized by this chapter.

(b)(1) The right to engage in the practice of landscape architecture is a personal right, based upon the qualifications of the individual evidenced by his or her license and is not transferable.

(2) No person shall practice landscape architecture, or use the title "landscape architect", or any title, sign, card, or device to indicate that this person is practicing landscape architecture, or is a landscape architect, unless that person has secured from the board a license in the provided manner.

(3) All final drawings, specifications, plans, reports, or other papers or documents involving the practice of landscape architecture, as defined in §5-51-1, for use in this state shall be dated, and bear the signature and seal of the landscape architect or landscape architects who prepared or personally supervised their preparation.

(c) The practice or offer to practice landscape architecture as defined by this chapter by a sole proprietorship, partnership, limited liability partnership, corporation, or limited liability company (hereafter "the firm"), through one or more landscape architects license under the provisions of this chapter, is permitted provided, that those licensed landscape architect(s) are in direct control of the practice; exercise personal supervision of all personnel who act on behalf of the firm in professional and technical matters; and are registered under the provisions of this chapter; and, provided further, that the firm has been issued a certificate of authorization by the board of examiners of landscape architects.

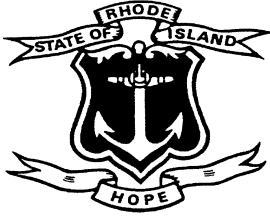
(d)(1) Within one year after enactment of this chapter, every firm must obtain a certificate of authorization from the board, and those individuals in direct control of the practice, and who exercise direct supervision of all personnel who act on behalf of the firm in professional and technical matters must be registered with the board.

(2) The certificate of authorization is issued by the board upon satisfaction of the provisions of this chapter and the payment of the required fee. This fee is waived if the firm consists of only one person who is the person in responsible charge.

(e)(1) Every firm desiring a certificate of authorization must file with the board an application on a form provided by the board. Every certificate of authorization is valid for a period of two (2) years and expires on the last day of June of each even numbered year following its issuance.

(2) A separate form provided by the board is to be filed with each renewal of the certificate of authorization. In addition, each firm shall complete a renewal form within thirty (30) days of the time any information previously filed with the board has changed, is no longer true or valid or has been revised for any reason.

(3) If, in its judgment, the information contained on the application and renewal form is satisfactory and complete, the board issues a certificate of authorization for the firm to practice landscape architecture in this state.



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**CERTIFICATE OF AUTHORIZATION (COA)  
AMENDED APPLICATION**

Name under which services will be offered:  
Certificate of Authorization (COA) # \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

SERVICES OFFERED IN R.I.: \_\_\_\_\_

**Submit via Email Only - Do Not Mail**  
[dawne.broadfield@dbr.ri.gov](mailto:dawne.broadfield@dbr.ri.gov)

**Check Change that applies below:**

- Name Change
- Change in Responsible Charge

List all Rhode Island licensed landscape architects in responsible charge who act on behalf of the firm. Only those listed below are authorized to stamp and sign plans.

The Board shall not approve any application for a COA where the landscape architect in direct control and supervision is a subcontractor or independent contractor hired by the applicant.

I acknowledge that I must notify this Board in the event that I should terminate my employment and/or position of landscape architect in responsible charge. I further acknowledge that in the event that such a termination of responsibility occurs, that I must notify this board, in writing, within seven (7) days of the date of such termination and that otherwise, this Board shall be authorized to hold me responsible for any and all work performed by this firm. I hereby certify that I am familiar with and agree to comply with the Rhode Island laws and regulations governing the practice for which I am licensed.

Name	RI Lic. No.	Signature

**If you are the only employee in your firm, you are exempt from the fee but only if you complete this section.**

"I hereby certify that I have no employees and that I am the sole Rhode Island licensed landscape architect of the firm and the individual in responsible charge."

Signature: \_\_\_\_\_

1. Number of Employees including self: \_\_\_\_\_
2. Have you or any partner, officer, majority shareholder or member of the Board of Directors, been convicted of or entered into a plea bargain as to any offense which involves, fraud, professional negligence, moral turpitude or are any such charges now pending? If yes, for each such offense, state the nature of the charge, the State in which the charge was brought, and the person or persons convicted or has entered into a plea. If any charges are pending, please briefly explain. Yes \_\_\_\_ No \_\_\_\_
3. Has any partner, majority shareholder or member of the Board of Directors, or any registered landscape architect employed by the firm, had his or her license to practice landscape architecture revoked or suspended in any State? If yes, state the name of such person, their address, and the nature and State of such revocation or suspension. Yes \_\_\_\_ No \_\_\_\_
4. Have you read/understood the provisions of R.I. Gen. Laws Chapter 5-51, as amended? Yes \_\_\_\_ No \_\_\_\_
5. Have you read/understood the Rules of the Board adopted by the Board. Yes \_\_\_\_ No \_\_\_\_

I am aware that the Certificate of Authorization may be revoked if any agent, employee, director or officer of the corporation violates or causes to be violated any provisions of those laws or regulations governing the practice of landscape architecture in RI.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your license application to the Rhode Island Department of Business Regulation, 560 Jefferson Blvd, Suite 100, Warwick, RI 02886.

### Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # \_\_\_\_\_)
- I am in state receivership. (Case # \_\_\_\_\_)
- I have been discharged from Bankruptcy. (Case # \_\_\_\_\_)

\_\_\_\_\_  
Type of Professional License for which you are applying

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN if appropriate)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (including area code if not 401)

\_\_\_\_\_  
Date