



# Certificate of Authorization Amended Application

## Board of Examination and Registration of Architects

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

## Rhode Island General Laws

### § 5-1-15.1 - Certificate of authorization for sole proprietorships, partnerships, limited liability partnerships, corporations or limited liability companies.

- (a) A sole proprietorship, partnership, limited liability partnership, limited liability partnership, corporation or limited liability company is admitted to practice architecture in this state if:
- (1) Two-thirds (2/3) of the partners (if a partnership or limited liability partnership) two-thirds (2/3) of the directors and officers (or shareholders if there are no directors, if a corporation) or two-thirds (2/3) of the managers (or members if there are no managers, if a limited liability company) are registered under the laws of any state or any reciprocal jurisdiction as defined by the National Council of Architectural Registration Boards to practice architecture or engineering,
  - (2) One-third (1/3) of the partners (if a partnership or limited liability partnership) or one-third (1/3) of the directors and officers (or shareholders if there are no directors, if a corporation), or one-third (1/3) of the managers (or members if there are no managers, if a limited liability company) are registered under the laws of any state or reciprocal jurisdiction as defined by the National Council of Architectural Registration Boards to practice architecture; **AND**
  - (3) The person having the practice of architecture in his or her charge is himself or herself a partner (if a partnership or limited liability partnership) a director or officer (or shareholders if there are no directors, if a corporation) or manager (or members if there are no managers, if a limited liability company) and registered to practice architecture in this state.
- (b) The board is empowered to require any sole proprietorship, partnership, or limited liability partnership, corporation or limited liability company practicing architecture in this state to file information concerning its partners, shareholders, officers, directors, members, managers, and other aspects of its business organization, upon any forms that the board prescribes.
- (c) The practice or offer to practice architecture as defined by this chapter by a sole proprietorship, partnership, limited liability partnership, corporation, or limited liability company subsequently referred to as the "firm", through one or more architects registered under the provisions of this chapter, is permitted provided that the registered architect(s) are in direct control of the practice or exercise personal supervision of all personnel who act in behalf of the firm in professional and technical matters; and provided, further, that the firm has been issued a certificate of authorization by this board.
- (d) Within one year after enactment of this chapter, every firm must obtain a certificate of authorization from this board, and those individuals in direct control of the practice or who exercise personal supervision of all personnel who act in behalf of the firm in professional and technical matters must be registered with the board. The certificate of authorization is issued by the board upon satisfaction of the provisions of this chapter and the payment of a fee as determined by the board in accordance with § 5-1-11. This fee is waived if the firm consists of only one person who is the registered architect. Every firm must file with the board an application for a certificate of authorization on a form provided by the board.
- (e) Every certificate of authorization is valid for a period of two (2) years and expires on the last day of December of each even numbered year following its issuance. A separate form provided by the board is to be filed with each renewal of the certificate of authorization. The 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. If, in its judgment, the information contained on the application and/or renewal form is satisfactory and complete, the board will issue a certificate of authorization for the firm to practice architecture in this state. The board may require all applicants for renewal to provide the board with information, including but not limited to, a brief outline setting forth the professional activities of any applicant during a period in which a certificate of authorization has lapsed and other evidence of the continued competence and good character of the applicant, all as the board deems necessary.



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<p style="color: red; text-align: center;"><b>Submit via Email Only - Do Not Mail</b>  <b>dawne.broadfield@dbr.ri.gov</b></p>	<p style="text-align: center;"><b>CHECK ALL BOXES THAT APPLY</b></p> <p><input type="checkbox"/> Name Change  <input type="checkbox"/> Change in Responsible Charge  <input type="checkbox"/> Change in Business Structure</p>																
<p><b>Name under which services will be offered: (It is your responsibility to keep the Board apprised of all address and phone number changes.)</b></p>																	
<p>R.I. Certificate of Authorization #: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: ( ) _____ Email: _____</p>	<p style="text-align: center;"><b>Change of Address: (If Applicable)</b></p> <p>_____</p> <p>_____</p> <p>_____</p>																
<p><b>PART I:</b>  <b>List all Rhode Island licensed architects in responsible charge who act on behalf of the firm.</b> (Provide attachment for additional names)          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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">** Name</th> <th style="width: 30%;">Title in Firm (Pres. V. Pres., or Sec./Treas.)</th> <th style="width: 20%;">RI Registration Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Number of Employees including self: _____</p> <p>Have you or any partner, majority shareholder, member of the board of directors, officers, managers or members practiced, or solicited architectural work or represented their self as an architect in this State on behalf of the firm prior to applying for this COA? <b>Yes</b> ____ <b>No</b> ____ If yes, please explain briefly.</p> <p>Have you or any partner, majority shareholder, member of the board of directors, officers, managers or members been the subject of a formal or informal hearing or inquiry, complaint, or disciplinary action related to their license to practice architecture in any state since your last renewal? <b>Yes</b> ____ <b>No</b> ____ If yes, please explain briefly and indicate the jurisdiction.</p>		** Name	Title in Firm (Pres. V. Pres., or Sec./Treas.)	RI Registration Number													
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<p><b>PART II:</b> Please provide the following information. If needed, provide attachment for additional names.          The person(s) listed in Part I must also be listed in Part II</p> <p><b>CORPORATION:</b> The Name, Position, Title in Firm of all <i>Directors, Officers or Shareholders</i> (if there are no directors)  <b>LIMITED LIABILITY COMPANY (LLC):</b> The Name, Position, Title in Firm of all <i>Managers</i> (or members if there are no managers)  <b>LIMITED LIABILITY PARTNERSHIP AND PARTNERSHIP:</b> The Name, Position, Title in Firm of all <i>Partners</i>  <b>SOLE PROPRIETORSHIP:</b> Do <u>not</u> complete this Section</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">** Name</th> <th style="width: 30%;">** Position (Corporation –Director or Officer or Both) (LLC – Manager or Member) (LLP or Partnership - Partner)</th> <th style="width: 20%;">** Title in Firm (Pres., V. Pres. or Sec./Treas.)</th> <th style="width: 20%;">** Profession</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		** Name	** Position (Corporation –Director or Officer or Both) (LLC – Manager or Member) (LLP or Partnership - Partner)	** Title in Firm (Pres., V. Pres. or Sec./Treas.)	** Profession												
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<p><b>PART III:</b>          I am aware that the Certificate of Authorization may be revoked if any agent, employee, director or officer of the corporation, manager or member of the LLC or partner of the LLP or partnership violates or causes to be violated any provisions of those laws or regulations governing the practice of architecture in RI.</p> <p><b>Signature of Applicant:</b> _____ <b>Title</b> _____ <b>Date:</b> _____</p>																	

## 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:  
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