EVERY PERSON RECEIVING THIS FORM MUST COMPLETELY FILL IT OUT AND RETURN IT TO THIS OFFICE. APPLICATIONS THAT ARE INCOMPLETE AND/OR ILLEGIBLE WILL BE RETURNED. If you are not requesting a certificate of authorization but are merely complying with the board's policy by completing this application, please fill in the top portion of this form, answer the 4 questions below, sign where signature is indicated, stamp your PLS stamp below and check here. _____.

Applicant Name			
Address			
Phone No	Fax No	E-Mail	
*Corporation	Partnership	Sole Proprietorship	Municipality
	********		*************
Or Reason for Exemp	tion	****	
If yes, for each such offe or has entered into a ple 2. Has any officer, maj license to practice land and State of such revoca I am aware that the Ce causes to be violated any 3. Have you read/under 4. Have you read/under I am aware that the Cert causes to be violated any Signed:	nse, state the nature of the charge, the ca. If any charges are pending, please iority shareholder or member of the surveying revoked or suspended in a attion or suspension on a separate she rtificate of Authorization may be rev y provisions of those laws or regulation restord the provisions of R.I. Gen. Law restord the Rules of the Board adopted thificate of Authorization may be revok y provisions of those laws or regulation.	Board of Directors, or any registered H my State? If yes, state the name of such eet. roked if any agent, employee, director ons governing the practice of land survey rs Chapter 5-8.1, as amended? I by the Board. ed if any agent, employee, director or of ons governing the practice of land survey Ntle:	ht, and the person or persons convicted Yes No PLS employed by the firm, had his/her n person, their address, and the nature Yes No or officer of the corporation violates or ying in RI. Yes No ficer of the corporation violates or ying in RI.
Name(s) of person(s) charge must fill out,	in Responsible Charge and Sussign and have the accompanying e required. Attach additional s	Signature rveyor's Stamp(s) (Below). Each p affidavit notarized. If more than o heet(s) if necessary. Is this perso	person(s) listed as in responsible ne person is named, the stamp of
Name:		RIPLS #	
Name:		RIPLS #	
Name:		RIPLS #	
LAND S	SURVEYOR STAMP(S) FOR PER	SON(S) IN RESPONSIBLE CHARGI	E - STAMP BELOW

Please enclose your check for One Hundred Dollars (\$100.00) payable to the General Treasurer, State of RI. This form must be returned postmarked by **May 31, 2024**, to avoid penalties (a **Ten Dollar (\$10.00) per month fine will be assessed for late submittals, postmarked after May 31, 2024**) or disruption of your business services. For purposes of compliance, no person may be in responsible charge of more than 2 firms. ****** If the person listed in responsible charge is <u>not</u> an employee of the firm, please explain the relationship between the applicant and the individual listed in responsible charge.

AFFIDAVIT FOR PERSON LISTED IN RESPONSIBLE CHARGE ON APPLICATION FOR CERTIFICATE OF AUTHORIZATION (COA)

1. I, ______, hereby certify under oath that I am a registered professional land surveyor, registered in the State of Rhode Island. My registration number is _____. My current address is

2. I hereby certify under oath that I have agreed to and have authorized (Firm or Individual)

(Address)

to submit my name as the registered professional land surveyor in responsible charge for that firm on their Certificate of Authorization.

3. I hereby certify and agree under oath that I am in responsible charge of any and all land surveying work to be performed by the above-named firm or individual and that I acknowledge the assumption of the responsibilities and obligations associated with that position as set forth in Rhode Island General Laws, Title 5, Chapter 8.1.

4. I hereby certify under oath that I acknowledge that I have the obligation of keeping this Board informed at all times in the event that I should terminate my employment and/or position of land surveyor in responsible charge. I further acknowledge that in the event that such a termination of responsibility shall occur, that I must notify this board, in writing, within seven (7) days of the date of such termination and that otherwise, the Rhode Island Board of Registration for Professional Land Surveyors shall be authorized to hold me responsible for any and all work performed by this firm.

5. I hereby certify under oath that at all times during which I shall be in responsible charge of the land surveying work of the above-named firm that I shall exercise direct supervisory control of said work and insure that said land surveying work is done in full compliance with the law. I further certify that I shall direct said firm to comply with the law as set forth and in the event that there is any violation of law or improper practice, that I shall immediately notify said firm and this Board, in writing.

6. I hereby certify that I have read and reviewed the provisions of Title 5, Chapter 8.1 in regards to the obligations of a professional land surveyor and that I have further read the Code of Ethics and the Rules and Regulations of the Rhode Island Board of Registration for Professional Land Surveyors prior to the affixing of my signature to this affidavit.

Whereupon I have caused my signature to be affixed to this application under oath.

Signature

Date of Signature

State of County of

Before me on this ______ day of _____, 20___, did appear, a person known to me and to me known and he did acknowledge the signing of this document to be his free act indeed.

Notary Public

My Commission expires: _____