



Commonwealth of the Northern Mariana Islands  
**BOARD OF PROFESSIONAL LICENSING**  
 P.O. Box 502078, Bldg., 1242 Pohnpei Court  
 Capitol Hill, Saipan, MP 96950  
 Tel No: (670) 664-4809 Fax: (670) 664-4814  
 Email: cnmi@cnmibpl-hcplb.net  
 Website: cnmibpl-hcplb.net

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

I, \_\_\_\_\_ being an authorized \_\_\_\_\_ of \_\_\_\_\_,  
Officer/partner/employee                      Name of Partnership/Corporation

whose address is \_\_\_\_\_, said company being engaged in the practice of:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Architecture           | Engineering                           |
| <input type="checkbox"/> Landscape Architecture | <input type="checkbox"/> Civil        |
| <input type="checkbox"/> Land Surveying         | <input type="checkbox"/> Mechanical   |
| <input type="checkbox"/> Other                  | <input type="checkbox"/> Structural   |
| _____   | <input type="checkbox"/> Electrical   |
|   | <input type="checkbox"/> Other Branch |

do declare, under penalty of perjury as follows:

- That the following individual(s) is/are duly licensed and possesses a valid license(s) in the Commonwealth of the Northern Mariana Islands in their respective discipline and/or branch.

<u>NAME</u>	<u>DISCIPLINE</u>	<u>LICENSE NO.</u>	<u>SIGNATURE</u>
_____			
_____			
_____			
_____			

- That the above listed licensees is/are designated as being directly in charged and responsible for the work performed by the firm; and
- That each licensee listed above is either an officer, partner of full-time employee of the firm; and
- That each licensee above has been delegated the legal authority to bind the firm in all matters relating to the work performed.

\_\_\_\_\_ being first duly sworn depose and say:

I, the partner, officer and/or employee of this firm have read the contents hereof and to the best of my knowledge belief that the foregoing statements are true in substance and effect and are made in good faith.

\_\_\_\_\_  
Signature

(Seal)                      Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_