



Commonwealth of the Northern Mariana Islands
BOARD OF PROFESSIONAL LICENSING
HEALTH CARE PROFESSIONS LICENSING BOARD
 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)

BPL STAFF USE ONLY

Date Received:

Note: Please print clearly or use a typewriter. If any space is inadequate for any portion of this form, use a separate sheet of paper.

Name of authorized Officer/partner/employee	Name of Partnership/Corporation
Mailing Address:	Physical Address:
Telephone No.:	
Fax No.:	
Email Address:	
Attach a copy of the Certificate of Registration of a Certificate of Incorporation issued by the Registrar of Corporations of the Department of Commerce and a copy of the business license by the CNMI Department of Revenue and Taxation	

Company being engaged in the practice of:

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

Do declare, under penalty of perjury as follows:

1. 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.

NAME	DISCIPLINE	LICENSE NO.	CHECK APPROPRIATE BOX EMPLOYEE SHARE HOLDER	SIGNATURE

2. That the above listed licensees is/are designated as being directly in charge and responsible for the work performed by the firm; and
3. That each licensee listed above is either an officer, partner or full-time employee of the firm; and

4. 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:
Name of Officer/partner/employee

I, the partner, office 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.

_____ 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

Subscribed and sworn to before me this _____ day of _____, 20_____ .

(Seal)

Notary Public

My commission expires: _____