



Commonwealth of the Northern Mariana Islands  
**BOARD OF PROFESSIONAL LICENSING**  
 P.O. Box 502078, Bldg., 1242 Pohnpei Court  
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 Website: cnmibpl-hcplb.net



## RENEWAL APPLICATION FOR CERTIFICATE OF AUTHORIZATION

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		<b>BPL STAFF USE ONLY:</b>	
		Date Received:	
Name of Partnership/Corporation:		Physical Address:	
Mailing Address:		Telephone No.:	
Email Address:		Fax No.:	
Please make a check in the amount of \$200.00(personal, cashier's, company check or postal money order) payable to "CNMI Treasurer". Attach a copy of a valid business license issued by the Business License Office of the Division of Revenue and Taxation, CNMI Department of Finance.			

Company being engaged in the practice of:

Other Discipline		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"/>		<input type="checkbox"/>	Other Branch:

I 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.

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.

\_\_\_\_\_  
 Officer/Partner/Employee

\_\_\_\_\_  
 Date