

Montana Board of Professional Engineers and Professional Land Surveyors
301 South Park Avenue, 4th Floor
PO Box 200513
Helena, MT 59620-0513
Phone: (406) 444-6880
Fax: (406) 841-2305
E-MAIL: dlibsdhhelp@mt.gov
WEBSITE: www.engineer.mt.gov or www.landsurveyor.mt.gov

CERTIFICATE OF AUTHORIZATION APPLICATION

Written notification will be sent within 14 working days of receipt of the application advising of the status of an application.

GENERAL INSTRUCTIONS: This application is used for obtaining a certificate of authorization to offer to or practice engineering and/or land surveying as a business entity in the State of Montana.

APPLICATION PROCEDURES

- When the application file is complete, it will be processed and considered by board staff for permanent licensure. The applicant may be notified if additional information is required or if applicant is required to appear before the Board for an interview.
- If the application is considered a non-routine application, there may be a delay in processing the application. You may be requested to provide additional information, or make a personal appearance before the board during a regularly scheduled board meeting and/or the application may require board consideration.
- Please be aware that your application will not be considered by the Board unless all required documentation has been received with 15 working days of the next scheduled Board Meeting. To obtain board meeting dates please visit our website at: www.engineer.mt.gov or www.landsurveyor.mt.gov.
- Keep the board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.
- A routine application may take up to 14 days to process once it is complete.

SPECIAL LICENSE REQUIREMENTS:

Business entities (corporations, professional corporations, partnerships, firms, and sole proprietorship) must submit proof of registering within the Montana Secretary of State as an entity doing business in Montana. You may contact them at: (406) 444-2034 or at: www.sos.mt.gov.

You must identify all business locations in Montana, such as branch offices, in which your company, firm or organization does business. Please note if each location has a separate licensee in responsible charge.

You must identify at least one employee of the business entity who is a Montana-licensed Professional Engineer or Professional Land Surveyor who is in responsible charge of engineering or land surveying work done in Montana by the business entity. (The employee identified can be an owner or co-owner of the business entity.)

You must provide the entity's EIN number or, if you are a sole proprietor doing business under your own name, your Social Security number.

FEES: Payment of fees shall be money order, personal check or certified check, payable to the Montana Board of PELS. APPLICATION FEES ARE NON REFUNDABLE. Please do not send cash.

Certificate of Authorization Application \$100.00

CHANGES IN INFORMATION SUBMITTED ON APPLICATION: A professional engineer or professional land surveyor in responsible charge who leaves the employment of a sole proprietorship, firm, partnership, or corporation (who has obtained the required certificate of authorization from the board), for whatever reason, must provide written notification to the board office of that fact, within ten working days. The sole proprietorship, firm, partnership, or corporation must provide the board office within ten working days, on a prescribed form, the change of the professional engineer and/or professional land surveyor in responsible charge. Failure to name another professional engineer and/or professional land surveyor in responsible charge within ten working days shall be cause for suspension of the certificate of authorization and cause for revocation. This is in accordance with ARM 24.183.408 (2).

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OFFICE USE ONLY CERTIFICATE NUMBER: _____
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APPLICATION FOR CERTIFICATION OF AUTHORIZATION TO PRACTICE ENGINEERING AND/OR LAND SURVEYING BY A SOLE PROPRIETOR, PARTNERSHIP, CORPORATION, OR FIRM

APPLICATION FEE: \$100.00

A. GENERAL INFORMATION

Full Business Name: _____

Mailing Address: _____

City	State	Zip	Country
Telephone: () _____	Fax: () _____	Email Address: _____	

EIN Number _____ or Social Security Number _____

- | | | |
|--|-----------------------|-----------------------|
| | YES | NO |
| B. PARTNERSHIP | <input type="radio"/> | <input type="radio"/> |
| C. PROFESSIONAL CORPORATION | <input type="radio"/> | <input type="radio"/> |
| D. CORPORATION – Other than a Professional Corporation
<i>(Limited Liability Corporations/Limited Liability Partnerships/S-Corp, etc.)</i> | <input type="radio"/> | <input type="radio"/> |
| E. SOLE PROPRIETORSHIP | | |

F. Please indicate if your business is registered with the Montana Secretary of State and proof is included with this application. Yes No

If you answered “no” please provide a written explanation:

G. STATE OF ORIGINAL INCORPORATION _____

H. PROFESSIONAL SERVICES OFFERED IN MONTANA: (Please check only one)

- Engineering
- Land Surveying
- Engineering and Land Surveying

I. DISCIPLINARY QUESTION:

YES NO

Have any legal or disciplinary actions been filed against the firm? If so, please attach copies of the document that initiated each action all final orders. Sec. 37-1-104 MCA, requires that you report this information. Failure to accurately furnish this information is grounds for denial or revocation of the firm's license.

J. NAME AND LICENSE NUMBER OF THOSE IN RESPONSIBLE CHARGE OF ENGINEERING AND/OR LAND SURVEYING:

Licensee's Name	License Number	Employee or Owner	Address

K. ADDRESS(ES) OF ALL BUSINESS LOCATIONS IN MONTANA FOR THE BUSINESS APPLYING FOR THIS LICENSE:

Physical Business Address(es)

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of this application or subsequent revocation of licensure on ethical grounds.

Signature of professional engineer in charge: _____ Date: _____