

Board of Professional Engineers & Professional Land Surveyors

CERTIFICATE OF AUTHORIZATION APPLICATION

Application Fee: \$75

GENERAL INFORMATION

Application may be made online at <https://ebiz.mt.gov.pol> or complete this form and submit it using the contact information at the bottom of this page.

- [37-67-328, MCA](#) requires that a business entity registered with the Montana Secretary of State*:
 - (a) shall obtain a certificate of authorization from the board before engaging in the practice of professional engineering or professional land surveying ; and
 - (b) may engage in the practice of professional engineering or professional land surveying in this state if at least one employee of the business entity is licensed by the board and identified as being in responsible charge of professional engineering or professional land surveying work performed in this state.

* A sole proprietor who is not required to register with the Montana Secretary of State is not required to apply for a certificate of authorization. For information on registration requirements, contact the Secretary of State at www.sos.mt.gov or 406-444-2034.
- In the event that a certificate holder no longer has a Montana licensee in responsible charge as required by [37-67-328, MCA](#), the certificate holder shall notify the board office. A certificate holder without a Montana licensed person in responsible charge must not offer or provide engineering or land surveying services in Montana until a Montana licensee in responsible charge has been identified. [[ARM 24.183.408](#)]
- A professional engineer or professional land surveyor designated in responsible charge on a certificate of authorization who leaves the employment of a certificate holder shall notify the board office in writing within 45 working days. The certificate holder must designate a replacement professional engineer and/or professional land surveyor in responsible charge and notify the board in writing within 45 working days. [[ARM 24.183.408](#)]

- Make checks payable to: *Board of PE & PLS*
- Include proof of registration with the Montana Secretary of State

Firm or Business Name: _____

Business Contact Name: _____ Contact Email Address: _____

Mailing Address: _____

City, State, and ZIP Code: _____ EIN: _____

State of Original Incorporation: _____

Indicate which professional services the business will offer in Montana:

Professional engineering services.

Professional land surveying services.

Both professional engineering and land surveying services.

The business entity is registered with the Montana Secretary of State and is in good standing. Submit proof of registration.

Business Organization:

Partnership Professional Corp. Other Corp. (LLC, LLP, S-Corp., etc.) Sole Proprietorship

Have any legal or disciplinary actions been instituted against the business entity? Yes No

If yes, attach copies of the document(s) that initiated each action and all final orders to comply with 37-1-105 MCA.

[37-67-328, MCA](#) requires that a business entity with one or more branch offices or business locations in Montana list each branch office or business location and at least one employee of the business entity who is licensed by the board and identified as being in responsible charge work performed in this state.

List all branch offices or business locations in Montana for the business applying for this certificate.

Business Address	Main Office	Branch Office

List all licensees in responsible charge of the firm or business, including any branch offices. At least one licensee must be listed for each professional service the firm provides. All licensees must hold active licenses.

Licensee Name	License Number	In responsible charge of services:	Business Address
		Eng. Land Surv.	
		Eng. Land Surv.	
		Eng. Land Surv.	
		Eng. Land Surv.	
		Eng. Land Surv.	
		Eng. Land Surv.	
		Eng. Land Surv.	
		Eng. Land Surv.	

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 PE and/or PLS in charge: _____ Date: _____