FOR OFFICE USE ONLY

(Revision 01/19)
STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
TELEPHONE (860) 713-6145

WebSite: www.ct.gov/dcp

Request for Revision	of Certificate of Registration	on for a Corpo	ration:			
(Check one) ☐ To practice Profession	ompleted if there are any changes nal Engineering through license rveying through licensed land s	ed professional en	gineers listed herein.	th the B	oard Office.	
☐ Change in Corporate Stru	boxes: onnecticut's Certificate of Authority acture (Changing from one business f CT Licensees responsible for signi	entity to another PC				
Name of Corporation		Former Name of Corporation			License Number	
Street Address		City		State	ZIP Code	
Telephone Number (w/area code	e)	E-Mail Address		FEIN Number		
Mailing Address (if different from	t from above) City			State	ZIP Code	
-	f a "Foreign" Corporation, do you h	ou have a Certificate of Authority from Connecticut's Secretary of State?			cretary of State?	
Indicate Organizational Structure General Business	nt providing the date(s) of convict each conviction(s) tures: Professional Corporation (PC	') 🔲 Limite	ed Liability Co (LLC)		and a description of	
NAMES, RESIDENCE ADDRESSES AND TITLES OF ALL DIRECTORS AND OFFICERS						
Name	Address		Title	CT	License Number	
WOLDERG OF MORNING						
HOLDERS OF VOTING STOCK/SHARES (Must be completed by PCs and LLCs)						
Name	Address	No. of Voting Stocks/ Shares Held CT License Number		License Number		

DELETIONS

CT LICENSEES RESPONSIBLE FOR SIGNING AND SEALING THAT WERE PREVIOUSLY LISTED

Name	Residence Address	CT License Number				
Name	Residence Address	CT License Number				
Name	Residence Address	CT License Number				
Name	Residence Address	CT License Number				
PROFESSIONAL ENGINEER OR LAND SUR REQUIRED IN THE APPROPRIATE SPACE	·	ISES. (SIGNATURES				
Name	Residence Address	CT License Number				
Basis of Engagement by Corp: Part-time, Fulltime, etc	If Professional Engineer, discipline of responsibility	Signature of Licensee				
Name	Residence Address	CT License Number				
Basis of Engagement by Corp: Part-time, Fulltime, etc	If Professional Engineer, discipline of responsibility	Signature of Licensee				
Name	Residence Address	CT License Number				
Basis of Engagement by Corp: Part-time, Fulltime, etc	If Professional Engineer, discipline of responsibility	Signature of Licensee				
IF THIS IS AN ENGINEERING CORPORA WITHIN WHICH THE CORPORATION EX		TELD OF ENGINEERING				
☐ Civil ☐ Chemical ☐ Electrical ☐ E		, list branches				
AFFIDAVIT						
(To be made before a Notary Public or other official qualified by law to administer oaths)						
I, the applicant or duly authorized member of which the above Application is made, being of true to the best of my knowledge and belief a registration requested.	the partnership or association, or officer of luly sworn according to law depose and say	f the corporation on behalf of the answers above set forth are				
Signature of Officer, Partner or Proprietor	Title	ate				
Subscribed and sworn to before me:						
Signature of Notary Public	 Date	My Commission Expires				

Instructions for Request for Revision of Certificate of Registration

- 1) The application must be completed and notarized
- 2) List only professional engineer(s) or land surveyors(s) who are currently licensed in the State of Connecticut
- 3) Attach a Certificate of **Good Standing or Authority** (the form may also be known as "**Certificate of Legal Existence**, which is not more than three (3) months old. This must be obtained from:

Office of the Secretary of State-Certification Unit 30 Trinity Street, PO Box 846
Hartford CT 06106
Telephone: (860) 509-6002

WebSite: www.sots.state.ct.us

4) If changes in corporate structure or merger, please attach a letter giving a history of this change along with copies of supporting documentation.

Department of Consumer Protection Occupational & Professional Licensing 450 Columbus Boulevard Hartford, CT 06103