

STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION OCCUPATIONAL & PROFESSIONIAL LICENSING DIVISION TELEPHONE: (860) 713-6145 WebSite: www.ct.gov/dcp

<u>Request for Revision for Joint Practice:</u> This application must be completed if there are any changes from the last application which is on file with the Board office.

(Check one)

 \Box Architecture & Land Surveying \Box Architecture and Professional Engineering

🗆 Architecture, Professional Engineering & Land Surveying 🗆 Professional Engineering & Land Surveying

Please check applicable boxes:

- □ Name Change (Attach Connecticut's Certificate of Authority-should not be more than 3 months old)
- □ Change in Corporate Structure (Changing from one business entity to another, PC, INC, LLC)
- Deletions or Additions of CT Licensees responsible for signing and sealing
- Deletions or Additions of ownership changes
- □ Other

Name of Corporation				Former Name of	Co	rporation and License	Number
Street Address			City		St	ate	Zip Code
Telephone Number (w/ area code)		E-Mail Address			FEIN Number		
Mailing Address (if different fron	1 above)						
Street Address		Cit	y		St	ate	Zip Code
State of Incorporation	If a "Foreign" Corporation, do you have a Certificate of Authority from the Secretary of State of the State of Connecticut?						
	\Box Yes	□ No)				
Has the applicant or any of the corporate directors or officers ever been convicted of a felony crime? Yes No							
If yes please attach a statemen of the circumstances relating	1 0		conviction(s)	, the court (s) where t	he c	ases were decided and a d	escription

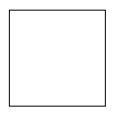
Indicate Organizational Structures:

Corporation (Inc) Professional Corporation (PC) Limited Liability Company (LLC)

FOR CORPORATION, PROFESSIONAL CORPORATION OR LIMITED LIABILITY COMPANY

List below the names, residence addresses and titles of all directors and officers

Name	Address	Title	CT License Number
Name	Address	Title	CT License Number
Name	Address	Title	CT License Number
Name	Address	Title	CT License Number



HOLDERS OF VOTING STOCK/SHARES

Name	Address	No. of Voting Shares Held	CT License Number
Name	Address	No. of Voting Shares Held	CT License Number
Name	Address	No. of Voting Shares Held	CT License Number
Name	Address	No. of Voting Shares Held	CT License Number

TOTAL VOTING STOCKS/ SHARES ISSUED

LIST ALL PERSONNEL IN RESPONSIBLE CHARGE WHO ACT ON BEHALF OF THE CORPORATION AS A PROFESSIONAL ENGINEER, ARCHITECT OR LAND SURVEYOR WHO HOLD CONNECTICUT LICENSES.

Name & Signature	Address	CT License Number
Name & Signature	Address	CT License Number
Name & Signature	Address	CT License Number
Name & Signature	Address	CT License Number

AFFIDAVIT

(To be made before the Notary Public or other official qualified by law to administer oaths) I, the applicant or duly authorized member of the partnership or association, or officer of the corporation on behalf of which the above applications made, being duly sworn according to law depose and say the answers above set forth are true to the best of my knowledge and belief and that this application is made for the purpose of inducting the issuance of the registration requested

Signature of Officer, Partner or Proprietor	Title	Date
Subscribed and sworn before me:		
Signature of Notary Public	Date	My Commission Expires

Instructions for Request for Revision of Certificate of Joint Corporate Practice

- 1) The application must be typewritten or printed in black ink and notarized
- 2) Persons licensed as architects, professional engineers, or land surveyors must own not less than two-thirds (2/3) of the voting stock of the corporation.
- 3) Persons licensed as architects must own not less than one-third (1/3) of the voting stock in any corporation formed for the joint practice of architecture and professional engineering services, professional engineering and land surveying services, or architecture and land surveying services.
- 4) <u>Changing the name of the Corporation</u>. Attach to this application a *Certificate of Authority of Good Standing or Legal Existence which is not more than three (3) months old. To obtain this documentation, contact:

Office of the Secretary of State Certification Unit 30 Trinity Street, PO Box 846 Hartford CT 06106 Telephone (860) 509-6002 WebSite: <u>www.sots.state.ct.us</u>

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

Please send this form and all accompanying documentation to the following address:

State of Connecticut Department of Consumer Protection Occupational and Professional Licensing Division 450 Columbus Boulevard, Suite 901 Hartford, Connecticut 06103

ATT: Mr. Robert M. Kuzmich / Ms. Barbara S. Maziarz