

Instructions for filing the Certificate of Title REVISION FORM

Please note: This form is only for changes to an existing Certificate of Title

If you currently have a Certificate of Title and have made any changes to your entity, the law requires the "Interior Designer of Record" to file a revision form within thirty (30) days of the change. **Also, for your information the Secretary of State has declared that numbers 0-10 numeric or written are non-descriptive and may not be used in the entity title.** The *only* exception is an address change that may be made by written correspondence and does not require a revision form.

- Make copies of page 2 before you begin if you are adding more than one new interior designer of record. **You will need a separate page for each one.** The attesting signatures should be partners, principals, officers, or managers if possible.
 - There are five (5) sections on the revision form. Sections 4 & 5 require an entry that reads: Addition ____ Deletion ____ No Change ____
 - **EACH SECTION MUST BE FILLED OUT COMPLETELY! (including all General Information)**
- Notes: If you mark Addition, fill out only the change you want added.

If you mark Deletion, fill out only the change you want deleted.

If you mark No Change, nothing further is required for this section.

Page 2 must be completed and notarized.

- If you are adding *and* deleting, mark both then make your changes, writing *add* or *delete* beside the names.
- Sections 3, 4 & 5 list your changes and write add or delete beside the names if you have more than one.

Special Instructions on LLC, LLP, Corporations and Limited Partnerships

If you are changing your entity from a sole proprietor or general partnership to a LLC, LLP, Corporation, or Limited partnership, the following instructions also apply:

1. Contact the Oklahoma Secretary of State, State Capitol, Oklahoma City, OK 73105 or call 405-521-3911 for all forms to domesticate or qualify the name of your entity in Oklahoma. (This will allow you to reserve the name you have chosen before you present it to the Board.)
2. Complete all forms received from the Secretary of State (hold until you receive approval from the Board.)
3. Upon approval by the Board, new LLC, LLP, Corporations and Limited Partnerships shall file all original documentation or Certificate of Qualification forms, fees and the Board letter of approval with the Oklahoma Secretary of State.

The completed Certificate of Title application must be accompanied by the appropriate fee of (\$100.00) made payable to: Oklahoma Board of Architects.

Your application will be acted on at the next regular meeting and you will be notified, in writing, of the results. The Board will mail a new registration certificate to your business address when it is complete. You will retain your original Certificate of Title number. The firm registration will begin on date of approval by the Board and expire on June 30, 2009 and renewals will be sent to the Interior Designer of Record at the business address.

Consult the State Architectural and Interior Designer Act, Section 46:9 and OAC 55:10 subchapter 13 (rule book) for further instructions or contact the Board office at 405-949-2383.

BOARD OF GOVERNORS OF THE LICENSED ARCHITECTS
LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS OF OKLAHOMA
P O Box 53430
Oklahoma City, Oklahoma 73152
405-949-2383 or Fax 405-949-1690

REVISIONS ONLY for Certificate of Title

File revisions within thirty (30) days of effective date of change

COMPLETE ALL SECTIONS AND CHECK () ADDITION, DELETION OR NO CHANGE, UNDER ITEMS 2, 3, 4 & 5.

GENERAL INFORMATION: CT# _____ Federal Tax ID# _____

EFFECTIVE DATE OF CHANGE _____

Name of Entity: _____

If name change, list former name: _____

Legal Business Address: _____

City _____ State _____ Zip _____

Business Phone Number (_____) _____ Fax (_____) _____

Type of Entity: (Carefully consider how your company is *legally* set up before selecting from the following.)

- ____ LLC, LLP, PLLC, PLLP: Manager or Member
- ____ Partnership: Partner
- ____ Limited Partnership: General Partner
- ____ Corporation, Sole Proprietorship: Director, Officer, Shareholder, Principal
- ____ Association: Corporation, LLC, LLP, Individuals
- ____ Joint Venture: Two of the above

Check the Legal position in the entity of the interior designer of record

ADDITION _____ DELETION _____ NO CHANGE _____

2. Name _____ Registration No. _____

General Partner _____ Director _____ Sole Proprietor _____ Principal _____

Partner _____ Officer _____ Shareholder _____ Manager _____ Member _____

ADDITION _____ DELETION _____ NO CHANGE _____

Name _____ Registration No. _____

General Partner _____ Director _____ Sole Proprietor _____ Principal _____

Partner _____ Officer _____ Shareholder _____ Manager _____ ember _____

(add additional pages, if needed)

PLEASE COPY THIS PAGE FOR EACH INTERIOR DESIGNER OF RECORD

AFFIDAVIT:

I, being duly sworn, state that I am a registered Interior Designer in the State of Oklahoma, in good standing with the Board of Governors of the Licensed Architects, Landscape Architects and Interior Designers of Oklahoma and that I consent to be responsible for all of the activities in the State of Oklahoma for the above named entity as same relates to the practice of Interior Design in this state on a _____ full or _____ part time basis. The normal office hours of the firm are _____ am to _____ pm and open _____ through _____ (days of week)

I understand that all work is under my direct supervision and responsible control. Further, I hereby certify I have received, read and understand the State Architectural and Interior Designers Act and the Board's current Rules and Regulations as it applies to the requirements and responsibilities of and for this entity concerning the Certificate of Title.

I hereby certify _____,
(type name of Interior Designer of record)

acting on behalf of the entity by filing this application is doing so with full legal authority to act in the entity's behalf as the interior designer of record.

IN WITNESS WHEREOF, the entity has caused its name to be hereunto

affixed by _____ and
(signature of interior designer of record)

attested this _____ day of _____, 20_____.

ATTEST:

(Attesting Signature) (Type attesting signature name)

(Attesting Signature) (Type attesting signature name)

Subscribed and sworn to before me this _____ day of _____, 20_____.

(Signature of Notary Public) My Commission Expires _____

3. NAMES IN FIRM TITLE:

ADDITION _____ DELETION _____ NO CHANGE _____

List below all names in firm title, their license or registration number, state of license or registration, indicate status (active, retired or deceased) and the year if retired or deceased.

4. OTHER PARTNERS/DIRECTORS/OFFICERS/MEMBERS/MANAGERS/PRINCIPLES OR EMPLOYEES:

ADDITION _____ DELETION _____ NO CHANGE _____

List below the name, title and address of ALL personnel that act in its behalf IN OKLAHOMA as architects, landscape architects or interior designers in the capacity as partners, directors, officers, members, managers, principles or employees of the entity. Indicate ALL titles of persons, the type of Oklahoma license or registration held and the license or registration number.

5. LIST ALL OFFICES OF THE FIRM BELOW:

ADDITION _____ DELETION _____ NO CHANGE _____

List office addresses. If none, state n/a for not applicable.

6. DISCLAIMER

The Board of Governors of the Licensed Architects, Landscape Architects and Interior Designers of Oklahoma, by approving and issuing a Certificate of Title to an entity, disclaims that an entity is lawfully or legally formed under the statutes of the State of Oklahoma.