

CA# _____

BOARD OF GOVERNORS OF THE LICENSED ARCHITECTS, LANDSCAPE ARCHITECTS AND REGISTERED INTERIOR DESIGNERS OF OKLAHOMA
220 NE 28th Street Ste #150, Oklahoma City, OK 73105
(405) 949-2383

**APPLICATION FOR CERTIFICATE OF AUTHORITY (CA) - FIRM
LANDSCAPE ARCHITECTURE**

THIS AUTHORITY WILL EXPIRE JUNE 30, 2021 UNLESS RENEWED.

**FEE: \$325.00 – EMAIL JANIE.HOLLARS@BOARDOFARCH.OK.GOV TO RECEIVE A LINK TO THE PAYMENT PORTAL
INCOMPLETE APPLICATIONS WILL BE RETURNED**

SECTION 1

GENERAL INFORMATION

Refer to the Oklahoma Administrative Code 55:10 Subchapter 13

Each office/branch location producing work in OK is required to have a separate Certificate of Authority.

List name of the entity. Be sure to include legal entity designation. Examples: INC, LLC, LLP

Legal Name of Entity:

Federal Tax ID #:

Phone:

Fax:

E-mail:

Office Physical Location Address:

City:

State:

ZIP Code:

SECTION 2

MAILING ADDRESS IF DIFFERENT FROM ABOVE

By checking this section you agree to have ALL CORRESPONDENCE, INCLUDING RENEWAL NOTICES, sent to the mailing address below.

Mailing Address:

City:

State:

ZIP Code:

SECTION 3

PROFESSIONAL SERVICES

Type of Professional Service:

Landscape Architecture

SECTION 4

TYPE OF ENTITY

Type of Entity: (check one)

- | | | |
|--------------------------|--|---|
| <input type="checkbox"/> | LLC, LLP, PLLC, PLLP* | Manager, Member* |
| <input type="checkbox"/> | PARTNERSHIP | Partner |
| <input type="checkbox"/> | LIMITED PARTNERSHIP | General Partnership |
| <input type="checkbox"/> | CORPORATION, SOLE PROPRIETORSHIP, ESOP | Director, Officer, Shareholder, ESOP, Principal |
| <input type="checkbox"/> | Association | Corporation, LLC, LLP, Individuals |
| <input type="checkbox"/> | Joint Venture | Two of the above |

SECTION 5

ARTICLES OF ORGANIZATION

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<input type="checkbox"/>	Yes	<ul style="list-style-type: none">This firm is registered with the Oklahoma Secretary of State.
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<input type="checkbox"/>	No	<ul style="list-style-type: none">This firm is NOT registered with the Oklahoma Secretary of State (SOS). You are required to immediately file with the SOS once authorization granted by this board.
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SECTION 6 (REQUIRED if you answered yes OR no above)

Attach separately: Provide the following additional documentation with this application: *
Information on the legal business entity including, but not limited to, the articles, organizational agreements or documents establishing the legal business entity, current good standing verification from Secretary of State. Also include a list of the members, managers, officers, partners, or other managing agents of the legal entity. Include license number, type of license, state of registration.

NAMES IN FIRM TITLE

List below ALL surnames in the firm title, their license number, type of license, state of registration, indicate status (active, inactive, retired or deceased) and the year if inactive, retire or deceased. Example: Miller White Roberts Architecture, Inc. – John Miller, Architect, NY license#1234, deceased 1995; William White, PE, NY license#1234, active; Sam Roberts, Architect, NY license#1234, active.

SECTION 8

FIRM PERSONNEL

List below the name, title and address of ALL personnel of the entity which act in its behalf IN OKLAHOMA as landscape architects in the capacity as partners, officers, directors, principals, managers, members. Also, list all employees. Include title and Oklahoma license number for each.

SECTION 9

OTHER OFFICE LOCATIONS

List all other office addresses (corporate, branch). Each location producing work in Oklahoma is required to have a separated certificate of authority. Please note if attaching a separate list.

PLEASE COPY THIS PAGE IF NEEDED FOR ADDITIONAL LANDSCAPE ARCHITECT(S) OF RECORD

SECTION 10

LANDSCAPE ARCHITECT(S) OF RECORD

LANDSCAPE ARCHITECT OF RECORD

1. Name:
2. Oklahoma License #:
3. City & State of Office Location: (see section 1)

Architect of Record must hold a legal position in the type of entity selected above in Section 4 and may not be an employee only.

(check one below)

Applies <u>only</u> to LLC, LLP, PLLC, PLLP	*	General Partner	<input type="checkbox"/>	Director	<input type="checkbox"/>
Manager*	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Officer	<input type="checkbox"/>
Member*	<input type="checkbox"/>			Shareholder	<input type="checkbox"/>
				ESOP – Employee Owned	<input type="checkbox"/>
				Principal	<input type="checkbox"/>

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Manager*	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Officer	<input type="checkbox"/>
Member*	<input type="checkbox"/>			Shareholder	<input type="checkbox"/>
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Member*	<input type="checkbox"/>			Shareholder	<input type="checkbox"/>
				ESOP – Employee Owned	<input type="checkbox"/>
				Principal	<input type="checkbox"/>

PLEASE COPY THIS PAGE FOR EACH LANDSCAPE ARCHITECT(S) OF RECORD

SECTION 11

DISCLAIMER

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

SECTION 12

LANDSCAPE ARCHITECT OF RECORD AFFIDAVIT

I, being duly sworn, state that I am a licensed landscape architect in the State of Oklahoma, in good standing with the Board of Governors of the Licensed Architects, Landscape Architects and Registered Interior Designers of Oklahoma and that I consent to be responsible for all of the activities and decisions in the State of Oklahoma for the above-named entity as same relates to the practice of Landscape Architecture 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 the week).

I understand that I am REQUIRED to sign, date and stamp all documents issued for the firm and all work is under my responsible control as defined by Oklahoma Statutes, Title 59, Section 46.3. Further, I hereby certify I have received, read and understand the State Architectural and Registered Interior Designers Act and the Board's current Rules as it applies to the requirements and responsibilities of and for this entity concerning the Certificate of Authority.

I hereby certify _____, that I am acting on behalf of the
Name of Landscape Architect of Record

entity by filing this application, and am doing so with full legal authority to act on the entity's behalf.

IN WITNESS WHEREOF, the entity has caused its name to be here unto:

Affixed by _____, 20____
Signature of Landscape Architect of Record **Date**

ATTEST: (**Two** attesting signatures are required or application will be rejected.)

(Attesting Name)

(Attesting Signature)

(Attesting Name)

(Attesting Signature)

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