

Chapter 87 Corporation Change Form

General

The only changes that require a processing fee of (\$15.00***) are Name and Service Change Requests. The processing fee may be paid by a check or money order made payable to the NC Board of Examiners. The fee may also be paid by credit card. If paying by credit card, the attached Credit Card Information Sheet must be completed and returned with the change form.

If a fee is required and is being paid by check, then the change form must be mailed to the Board office with the required fee. If no fee is required or if paying by credit card, the change form may be e-mailed to the Director of Business Licensure & Compliance at firms@ncbels.org.

Resident and Responsible Licensee(s):

1. Each location of the Corporation within the State of North Carolina must have one North Carolina licensee assigned for each profession (engineering/surveying) being offered from that location who is complying with the Resident Licensee Requirement in NCAC Title 21, Chapter 56 (Board Rules), Section .0901(c).
2. Each location of the Corporation outside of the State of North Carolina must have one North Carolina licensee assigned for each profession (engineering/surveying) being offered from that location who will be in responsible charge of North Carolina projects performed from that location.

*****Corporate Name Change:**

In addition to the Chapter 87 Corporation Change Form, if the corporation has already changed its name with the NC Secretary of State, submit a copy of the recorded amendment. If the name change has not been completed, submit a copy of the proposed NC Secretary of State amendment.

*****Change in Services being offered:**

If the corporation wishes to add a service (engineering or land surveying), a North Carolina licensee in that profession must be employed by the corporation and reflected on the change form. If deleting a service, only the service that will continue to be offered should only be reflected.

**NORTH CAROLINA BOARD OF EXAMINERS FOR
ENGINEERS AND SURVEYORS**

4601 Six Forks Road Suite 310
Raleigh, NC 27609
919-791-2000

Chapter 87 Corporation Change Form

D - _____
Certificate No. Corporation Name

Application is hereby made for a change in the *Certificate of Licensure* issued to the above-named Chapter 87 Corporation. The change being requested is as follows (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Corporate Name Change (Fee Required) | <input type="checkbox"/> Change of Resident/Responsible Professional(s) Change |
| <input type="checkbox"/> Add/Delete Office | <input type="checkbox"/> Change in Office Address |
| <input type="checkbox"/> Add Engineering (Fee Required) | <input type="checkbox"/> Add Land Surveying (Fee Required) |
| <input type="checkbox"/> Delete Land Surveying (Fee Required) | <input type="checkbox"/> Delete Engineering (Fee Required) |

A. Professional Engineers and/or Land Surveyors Employed with the Firm:

Name	NC License Number	Branch

B. Offices of the Firm:

	Old Address	New Address	Resident (in-state) or Responsible Charge (out-of-state) Licensee(s) Name(s)	NC Licensee Number
Main Office				
Branch 1				
Branch 2				
Branch 3				

(For Sections A and B above, attach additional pages as necessary.)

Certification

In support of the changes requested, the undersigned licensee of the corporation certifies that:

The undersigned certifies that the business firm is being operated in compliance with the laws of the State of North Carolina and the regulations of the Board of Registration, and that all offices of the firm are indicated above along with the identity of the resident professional(s) assigned to each office.

Signature of Licensee

Individuals License Number

Printed Name and Title

E-mail Address of Primary Contact for Corporation

Main Phone Number

Main Fax Number

Federal Tax ID Number (required)

Credit Card Information Sheet

Accepted Credit Cards: Visa, MasterCard, Discover

To pay the Application Fee by credit card, the following information must be provided:

Amount charged will be: **\$15.00** (Processing Fee Only required for Name or Service Change Requests)

Check Card Type: Visa MasterCard Discover

Credit Card Number: _____

Exact Name as it as it appears on Card: _____

Card Expiration Date (enter Mo/Yr): _____

Typed Name of Cardholder: _____

Signature of Cardholder: _____

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's Agreement with the issuer.