

**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) Changing the name of the Corporation. Attach to this application a \*Certificate of Authority of Good Standing or Legal Existence which is not more than three (3) months old.

Office of the Secretary of the State  
Certification Unit  
165 Capitol Avenue  
Hartford, CT 06106  
Telephone: (860) 509-6002  
Website: <https://portal.ct.gov/SOTS/Business-Services/Legal-Existence>

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

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



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

(Check all that apply)

- Architecture                       Professional Engineering  
 Land Surveying                       Landscape Architecture

**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

<b>Name of Corporation</b>		<b>Former Name of Corporation and License Number</b>		
Street Address		City	State	Zip Code
Telephone Number (w/area code)	E-Mail Address		FEIN Number	
<b>Mailing Address (if different from above)</b> Street Address		City	State	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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Has the applicant or have any of the corporate directors or officers ever been convicted of a felony crime?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes please attach a statement providing the date(s) of conviction(s), the court (s) where the cases were decided and a description of the circumstances relating to each conviction</b>				
<b>Indicate Organizational Structures:</b>  <input type="checkbox"/> Corporation (Inc) <input type="checkbox"/> Professional Corporation (PC) <input type="checkbox"/> 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

<b>Name</b>	<b>Address</b>	<b>Title</b>	<b>License Number (Specify State where licensed)</b>
<b>Name</b>	<b>Address</b>	<b>Title</b>	<b>License Number (Specify State where licensed)</b>
<b>Name</b>	<b>Address</b>	<b>Title</b>	<b>License Number (Specify State where licensed)</b>
<b>Name</b>	<b>Address</b>	<b>Title</b>	<b>License Number (Specify State where licensed)</b>

HOLDERS OF VOTING STOCK/SHARES

<b>Name</b>	<b>Address</b>	<b>No. of Voting Shares Held</b>	<b>License Number (Specify State where licensed)</b>
<b>Name</b>	<b>Address</b>	<b>No. of Voting Shares Held</b>	<b>License Number (Specify State where licensed)</b>
<b>Name</b>	<b>Address</b>	<b>No. of Voting Shares Held</b>	<b>License Number (Specify State where licensed)</b>
<b>Name</b>	<b>Address</b>	<b>No. of Voting Shares Held</b>	<b>License Number (Specify State where licensed)</b>

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.

**DELETIONS**

CT LICENSEES RESPONSIBLE FOR SIGNING AND SEALING THAT WERE PREVIOUSLY LISTED

Name	Residence Address	License Number (Specify State where licensed)
Name	Residence Address	License Number (Specify State where licensed)
Name	Residence Address	License Number (Specify State where licensed)
Name	Residence Address	License Number (Specify State where licensed)

## ADDITIONS

LIST ALL PERSONNEL IN RESPONSIBLE CHARGE WHO ACT ON BEHALF OF THE CORPORATION AS A PROFESSIONAL ENGINEER OR LAND SURVEYOR WHO HOLD CONNECTICUT LICENSES. (**SIGNATURES REQUIRED IN THE APPROPRIATE SPACE**)

Name	Residence Address	License Number (Specify State where licensed)
Basis of Engagement by Corp: Part-time, Fulltime, etc	If Professional Engineer, discipline of responsibility	Signature of Licensee

Name	Residence Address	License Number (Specify State where licensed)
Basis of Engagement by Corp: Part-time, Fulltime, etc	If Professional Engineer, discipline of responsibility	Signature of Licensee

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Basis of Engagement by Corp: Part-time, Fulltime, etc	If Professional Engineer, discipline of responsibility	Signature of Licensee

### 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 the partnership or association, or officer of the corporation on behalf of which the above application is 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 inducing the issuance of the registration requested

\_\_\_\_\_  
Signature of Officer, Partner or Proprietor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*Subscribed and sworn to before me:*

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Commission Expires