



Commonwealth of the Northern Mariana Islands  
**BOARD OF PROFESSIONAL LICENSING**  
 P.O. Box 502078, Bldg., 1242 Pohnpei Court  
 Capitol Hill, Saipan, MP 96950  
 Tel No: (670) 664-4809 Fax: (670) 664-4814  
 Email: cnmi@cnmibpl-hcplb.net  
 Website: cnmibpl-hcplb.net



## RENEWAL APPLICATION FOR CERTIFICATE OF AUTHORIZATION

<b>HCPLB STAFF USE ONLY</b>
Date Received:

Note: Please print clearly or use a typewriter. If any space is inadequate for any portion of this form, use a separate sheet of paper.

Name of authorized Officer/partner/employee	Name of Partnership/Corporation:
Physical Address:	Mailing Address:
Email Address:	Telephone No.: Fax No.:
Please make a check in the amount of \$200.00(personal, cashier's, company check or postal money order) payable to "CNMI Treasurer". Attach a copy of a valid business license issued by the Business License Office of the Division of Revenue and Taxation, CNMI Department of Finance.	

Company being engaged in the practice of:

Other Discipline		Engineering Branch	
<input type="checkbox"/>	Architecture	<input type="checkbox"/>	Civil
<input type="checkbox"/>	Landscape Architecture	<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Land Surveying	<input type="checkbox"/>	Electrical
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Structural
<input type="checkbox"/>		<input type="checkbox"/>	Other Branch:

I do declare, under penalty of perjury as follows:

- That the following individual(s) is/are duly licensed and possesses a valid license(s) in the Commonwealth of the Northern Mariana Islands in their respective discipline and/or branch.

NAME	DISCIPLINE	LICENSE NO.

- That the above listed licensees is/are designated as being directly in charge and responsible for the work performed by the firm; and
- That each licensee listed above is either an officer, partner or full-time employee of the firm; and
- That each licensee above has been delegated the legal authority to bind the firm in all matters relating to the work performed.

\_\_\_\_\_  
Officer/Partner/Employee

\_\_\_\_\_  
Date