

CERTIFICATE OF AUTHORIZATION SUPPLEMENTAL FORM

Alabama Board of Licensure
for Professional Engineers and Land Surveyors

PO Box 304451

Montgomery, Alabama 36130-4451

(866) 461-7640 | (334) 242-5568 | www.bels.alabama.gov

BOARD USE ONLY

Master File Number

Date Received

Action

CA Number

The Board may approve a licensee to serve as the principal or responsible charge at more than one location if the licensee can provide information to the Board detailing how they are able to provide direct supervision and be in responsible charge of all engineering or land surveying services provided by each office.

Name of Licensee _____ PE ___ PLS ___ License Number _____

2. Name of Primary Employer _____ CA Number _____

3. Address of Primary Employer _____

4. Are you the resident designated principal or responsible charge for Primary Employer? Yes ___ No ___

5. How many hours per week are you physically present a Primary Employer? _____

FIRM #2 INFORMATION

6. Name of Firm #2 _____

7. Address of Firm #2 _____

8. How many hours per week are you physically present at Firm #2? _____

9. How many individuals are employed by Firm #2? (staff, technicians, contractors, field crews, etc.) _____

10. Are services offered or performed by individuals during the time you are not present at Firm #2? _____

11. Describe the type of engineering / land surveying services being offered?

FIRM BUSINESS HOURS

Indicate the days and hours Primary Employer and Firm #2 are open for business:

PRIMARY EMPLOYER

Mon-Fri: ___ A.M. to ___ P.M.

Sat-Sun: ___ A.M. to ___ P.M.

FIRM #2

Mon-Fri: ___ A.M. to ___ P.M.

Sat-Sun: ___ A.M. to ___ P.M.

FIRM BUSINESS HOURS

I have read the contents hereof and to the best of my knowledge and belief the statements contained on this supplemental form are true in substance and effect and are made in good faith.

Email _____ Phone Number _____

Signature of Licensee _____ Date _____