

Mail to: 555 North Cotner Blvd, Lower Level
Lincoln, NE 68505

Phone: 402-471-2566

Questions? Contact us at: nbels.board@nebraska.gov or
visit us on the web at: nbels.nebraska.gov

Fee: \$0

APPLICATION FOR CHANGES TO EXISTING CERTIFICATE OF AUTHORIZATION

SECTION I: GENERAL INFORMATION

1. This is a change in: Legal Name Contact Information Land Surveying Authority Other

2. _____
Legal Name of Organization

3. _____
Alternate Names (DBAs, Trade Names, etc.)

4. _____
Mailing Address

City, State, Zip Code

Email Address

Telephone

Fax

SECTION II: LAND SURVEYING AUTHORITY

Professional land surveyor designated as being in responsible charge of all professional land surveying services for the organization within the State of Nebraska.

I, _____, am authorized by _____ as the
Name of Professional Land Surveyor *Name of Organization*

individual in responsible charge for the organization in its practice of **land surveying** within the State of Nebraska. I certify that I am authorized as a signatory for this organization, that the information presented on this application and any attachments is true and complete as of this date, and that any change in my status will be filed with the Board of Examiners for Land Surveyors within 30 days of the effective date of the change.

Signature of Professional Land Surveyor

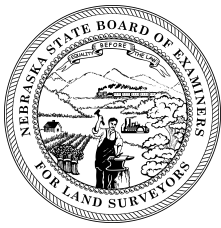
NE PLS License #

Date

SECTION III: SIZE OF ORGANIZATION

Provide the name and license number of all licensed professional land surveyors regularly performing professional services for the organization.

| Name | Job Title | Telephone | NE License Number |
|-------|-----------|-----------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



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SECTION IV: ORGANIZATION LEADERSHIP

List all officers of the organization, their address, telephone, and if applicable, their Nebraska professional land surveyor license number.

OFFICERS OF THE ORGANIZATION

| Name and Position | Address | Telephone | NE License Number |
|-------------------|---------|-----------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List all members of the organization's governing body, their address, telephone, and whether he/she is a professional land surveyor.

MEMBERS OF THE ORGANIZATION'S GOVERNING BODY

| Name and Position | Address | Telephone | PLS? (Y/N) |
|-------------------|---------|-----------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SECTION V: ORGANIZATIONAL AUTHORITY

Organization representative authorized to sign and certify information contained on this form.

I, _____, attest, **under penalty of perjury**, that the information presented on this
Name of Signatory Authority

application and its attachments is true and complete as of this date, and the licensed individual(s) identified are authorized to represent

_____ as the individual(s) in responsible charge for professional land surveying services in
Name of Organization the State of Nebraska.

Signature of Signatory Authority

Title

Date