



ALABAMA BOARD OF ARCHITECTS
 100 North Union Street, Suite 390
 Montgomery, AL 36130-4450
 Phone: (334) 242-4179
<http://www.boa.alabama.gov>

**Application for a Certificate of Authorization (COA) to Practice
 Architecture in the State of Alabama - FEE \$75.00 -**

- Corporations, professional associations, partnerships, and limited liability companies are eligible to receive a Certificate of Authorization to Practice Architecture in Alabama.
- A firm required to be qualified by the Alabama Secretary of State's Office (SOS) to do business in Alabama may file such qualification documents with the SOS Office concurrently with this application. Please visit <http://www.sos.alabama.gov> or call (334) 242-5324. A copy of the submitted SOS documents, showing the date submitted, should be attached to this application. The firm entity name on the application must be the same as the firm entity name filed on the SOS documents.
- Two-thirds (2/3) or more of the officers, partners, directors, members, or others (depending on the legal structure of the entity) must be registered/licensed architects and/or licensed engineers in any United States jurisdiction **and must also be voting stockholders/shareholders of the entity.**
- At least one (1) of the **stockholding/shareholding** officers, partners, directors, or members **must be an architect registered in the State of Alabama**, who has authority to contractually bind the entity and whose name and registration seal shall appear on all documents prepared under his/her responsible control.
- If the firm is dissolved or reorganized, or if there is a change in the address, email, or in the registered architect(s) in responsible control of the practice of architecture in Alabama, the entity **must notify the Board in writing within thirty (30) days.**
- Please refer to Alabama Board of Architects regulations found in chapter 100-X-8 for more in-depth information.

CERTIFICATES OF AUTHORIZATION EXPIRE EACH YEAR ON APRIL 30. RENEWAL INFORMATION WILL BE TRANSMITTED AT THE BEGINNING OF APRIL TO THE EMAIL AND/OR ADDRESS WE HAVE ON FILE FOR THE FIRM.

Please fill out the following information completely and return it with your check payable to Alabama Board of Architects to the address listed above.

1. Contact Information

Name of Firm Entity		Date
Contact Person		
Mailing Address		
Phone Number		Email for Contact Person:

2. List the firm officers, partners, directors, members, or others (depending on the legal structure of the entity). Attach a separate sheet if necessary. **AT LEAST ONE MUST BE AN ACTIVE ALABAMA REGISTERED ARCHITECT WHO IS A VOTING STOCKHOLDER/SHAREHOLDER OF THE ENTITY.**

Name	Position in Firm	Address	Profession	Home State of Regis.	AL Regis. No. or N/A

3. List the Voting Stockholders/Shareholders of the firm entity. Attach a separate sheet if necessary. PERCENTAGE OF SHARES OWNED MUST TOTAL 100 and AT LEAST ONE OF THE VOTING STOCKHOLDERS/SHAREHOLDERS OF THE ENTITY MUST BE AN ACTIVE ALABAMA REGISTERED ARCHITECT WHO IS A FIRM OFFICER, PARTNER, DIRECTOR, MEMBER, OR OTHER (DEPENDING ON THE LEGAL STRUCTURE OF THE ENTITY).

Name	Address	Profession	AL Regis. No. or N/A	% of Shares Owned

4. FIRM QUESTIONS (Check any that apply and provide an explanation)

- My firm’s license/registration has been denied, suspended, or revoked by a state or jurisdiction.
- My firm has surrendered and/or allowed our professional license/registration to lapse in a state or jurisdiction due to pending or threatened disciplinary action.
- My firm has been investigated, charged, or disciplined or is currently under investigation by a governing or licensing body or by a state or federal agency.

Affidavit

Application is hereby made for a Certificate of Authorization to Practice Architecture in Alabama under the provisions of §34-2-37, Code of Alabama 1975. The undersigned certifies that he/she is an officer, director, partner, or member of the firm entity and that the statements made in said application are true and accurate.

 Signature Date Title

Notarization

Sworn to and subscribed before me, this _____ day of _____, 20_____.

 Notary Public

My Commission Expires: _____

(SEAL)

Date Received	Date Approved	Fee	Receipt Number

COA-_____