

Wisconsin Department of Safety and Professional Services

Mail To: P.O.Box 8935
Madison, WI 53708-8935

FAX #: (608) 251-3036
Phone #: (608) 266-2112

4822 Madison Yards Way
Madison, WI 53705
E-Mail: DSPSRenewal@wi.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

REPORT OF RENEWAL INFORMATION FOR CERTIFICATE OF AUTHORIZATION

Certificates of Authorization to practice architecture, professional engineering, or design of engineering systems as a corporation must be renewed before February 1st of every even numbered year. To renew, corporate certificate holders must return this report of renewal information for certificate of authorization. Please mail to PO Box 8935, Madison, WI 53708 or fax to (608) 251-3036. A late filing fee is required for all renewals received after the expiration date.

1. Registration number _____

2. Corporation name _____

Check here if this is a change from that shown on the renewal application.

Previous name _____

3. Mailing address _____

NOTE: If the corporation name or mailing address differs from that on the renewal application, the change must be recorded on both this form and the renewal application.

4. Names and addresses of all officers and directors of the corporation:

<u>Name</u>	<u>Address</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Addresses of all branch offices located in Wisconsin:

6. The certificate of authorization should include authorization to provide the following professional services through registered persons (check all that apply).

Architecture Professional Engineering Design of Engineering Systems

7. All licensed employees of a corporation licensed in any of above professions in Wisconsin, must complete the Certificate on the back of this form. All licensees are required to possess a personal seal pursuant to Wis. Admin. Code § A-E 2. The seal, name, profession, registration number, address and signature must be included in the Certificate. (Attach additional pages if necessary.) Please specify if licensee should be listed as Responsible/in charge licensee for company.

8. Any changes in the above information during the two-year registration period must be reported in writing to the Department of Safety and Professional Services, Division of Professional Credential Processing, P.O. Box 8935, Madison, WI 53708.

9. Name _____

Title _____

Signature _____ Date _____

(Print and Sign Form)

Wisconsin Department of Safety and Professional Services

CERTIFICATE

I certify that I am employed by _____
(name of corporation)

and that I have a current license in architecture, professional engineering, or design of engineering systems which is being practiced in Wisconsin through said corporation.

(SEAL)

Responsible licensee ___ Yes ___ No

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____
(Print and Sign Form)

(SEAL)

Responsible licensee ___ Yes ___ No

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____
(Print and Sign Form)

(SEAL)

Responsible licensee ___ Yes ___ No

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____
(Print and Sign Form)

(SEAL)

Responsible licensee ___ Yes ___ No

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____
(Print and Sign Form)

(SEAL)

Responsible licensee ___ Yes ___ No

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____
(Print and Sign Form)

(SEAL)

Responsible licensee ___ Yes ___ No

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____
(Print and Sign Form)