



The Guam Board of Registration for
PROFESSIONAL ENGINEERS, ARCHITECTS & LAND SURVEYORS

Inetnon Rihestrasion Inheneron Prufisionat, Atketeklo yan Agranensot Tano'

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FOR BOARD'S USE ONLY

New Amendment Renewal

CERTIFICATE OF AUTHORIZATION APPLICATION

1	FIRM NAME/BUSINESS ADDRESS:	2	TYPE OF OWNERSHIP: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____ <input type="checkbox"/> Limited Liability Company
1a	APPLICATION IS FOR: <input type="checkbox"/> Parent Company <input type="checkbox"/> Branch or Subsidiary (complete block 3)	2a	PRESENT FIRM INCORPORATED OR ORGANIZED IN: _____ CITY STATE DATE
3	NAME OF PARENT COMPANY/Business Address, if any:	4	PROFESSIONAL SERVICES to be provided: <input type="checkbox"/> Engineering Branch or Discipline: _____ <input type="checkbox"/> Architecture <input type="checkbox"/> Landscape Architecture <input type="checkbox"/> Land Surveying <input type="checkbox"/> Construction Management
5	RESPONSIBLE MANAGING EMPLOYEE (RME) FOR PROFESSIONAL SERVICES TO BE PROVIDED.		
	NAME	PROFESSIONAL SERVICE	GUAM REG NO.
			SIGNATURE
6	GUAM OFFICE, IF DIFFERENT FROM BLOCK 1 (Provide map and/or direction to business office).		
	BUSINESS (Physical Address):	TELEPHONE(s):	MAILING ADDRESS (only if different from business address):
		FAX:	
		EMAIL:	

7	RESPONSIBLE MANAGING EMPLOYEE IN FULL CONTROL OF GUAM OPERATIONS.			
	NAME	RESIDENCE ADDRESS (Not a P.O. Box)	LICENSE/REG NO	SIGNATURE
8	NAMES AND TITLES OF PRINCIPAL CORPORATE DIRECTORS (if a corporation), OR NAMES OF PARTNERS (if partnership), or MEMBERS OF THE ENTITY (if association). USE ADDITIONAL SHEETS IF NEEDED PROVIDED IT IS ON THE SAME FORMAT.			
	NAME:	RESIDENCE ADDRESS	LICENSE/REG NO.	DISCIPLINE
		STREET NO.		
	POSITION TITLE:	CITY/STATE:		
		ZIP CODE:		
	SIGNATURE:	CONTACT INFO:		
		EMAIL:		
	NAME:	RESIDENCE ADDRESS	LICENSE/REG NO.	DISCIPLINE
		STREET NO.		
	POSITION TITLE:	CITY/STATE:		
		ZIP CODE:		
	SIGNATURE:	CONTACT INFO:		
		EMAIL:		
	NAME:	RESIDENCE ADDRESS	LICENSE/REG NO.	DISCIPLINE
		STREET NO.		
	POSITION TITLE:	CITY/STATE:		
		ZIP CODE:		
	SIGNATURE:	CONTACT INFO:		
		EMAIL:		
9	GENERAL INFORMATION QUESTIONS: Has the entity (corporation, partnership, association, etc.) or any of the personnel designated in responsible charge above, or any principals of the entity been convicted of fraud, gross negligence, incompetence, or misconduct in the practice of engineering, architecture, landscape architecture or land surveying, or of a U.S. or state statute excluding minor traffic violations? If YES, please attach explanation. <input type="checkbox"/> YES <input type="checkbox"/> NO			

THIS FORM MUST BE SIGNED BY THE INDIVIDUAL LISTED IN BLOCK 7: I certify that the information furnished are true and correct to the best of my knowledge and belief. I further certify that I have read, understand and agree to comply with the provisions of Guam Revised Statutes, P.L. 30-35.

DATE

PRINTED NAME

SIGNATURE

