

# CERTIFICATE OF AUTHORIZATION SUPPLEMENTAL FORM

Alabama State Board of Licensure for  
Professional Engineers and Land Surveyors  
PO Box 304451  
Montgomery, AL 36130-4451  
(334) 242-5568 Toll Free: (866) 461-7640  
www.bels.alabama.gov

<b>Board Use Only</b>			Master File Number <input style="width: 100%;" type="text"/>
Date Received <input style="width: 100%;" type="text"/>	Action <input style="width: 100%;" type="text"/>	CA Number <input style="width: 100%;" type="text"/>	

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.

1. Name of Licensee \_\_\_\_\_ PE \_\_ PLS \_\_ License Number \_\_\_\_\_

## Primary Employer Information

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

## Firm #2 Information

6. Name of Firm #2 \_\_\_\_\_ CA Number \_\_\_\_\_
7. Address of Firm #2 \_\_\_\_\_
8. Are you the resident designated principal or responsible charge for Firm #2? Yes \_\_\_\_\_ No \_\_\_\_\_
9. How many hours per week are you physically present at Firm #2? \_\_\_\_\_
10. List the distance in miles from the Primary Employer to Firm #2? \_\_\_\_\_
11. How many individuals are employed by Firm #2? (staff, technicians, contractors, field crews, etc.) \_\_\_\_\_
12. Are services offered or performed by individuals during the time you are not present at Firm #2? \_\_\_\_\_

## Firm Business Hours

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

<b>Primary Employer</b>		<b>Firm #2</b>	
Mon-Fri	_____ AM to _____ PM	Mon-Fri	_____ AM to _____ PM
Sat-Sun	_____ AM to _____ PM	Sat-Sun	_____ AM to _____ PM

## Affidavit Certification

14. 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 \_\_\_\_\_