



Louisiana Professional Engineering and Land Surveying Board

Application to Change Firm Name

INSTRUCTIONS/CHECKLIST

- The application must be typed. We *do not* accept handwritten applications.
- Do not leave any section blank; please state “not applicable” or “none” if such is the case.
- Use a continuation sheet for any section as necessary.
- Supervising Professional(s) must sign the signature box beside their name in section 16.
- Authorized Officer must sign and date the application in section 18.
- The application may be mailed to the address below, or emailed to cande@lapels.com:
Louisiana Professional Engineering and Land Surveying Board (LPELS)
9643 Brookline Avenue, Suite 121
Baton Rouge, LA 70809-1433
- The amount of the application fee to change a firm name is \$25**, pursuant to La. R.S. 12:1607, *et seq.* Fees are non-refundable and must be submitted with the application. You may complete one of the payment forms at the end of this document.
- The application must be accompanied by a copy of the certificate of conversion or certificate of merger issued by the Louisiana Secretary of State. Contact information for the Louisiana Secretary of State is as follows:
Louisiana Secretary of State - Business Services
P.O. Box 94125
Baton Rouge LA 70804-9125
Telephone: (225) 925-4704 / Fax: (225) 925-4726
Website: <http://www.sos.la.gov/Pages/default.aspx>
- The application fee referenced above is not a renewal fee.** Upon receipt and approval of the application, your firm’s license will be placed in the current renewal cycle. Renewal notification letters are mailed approximately five weeks prior to the expiration date of either March 31st or September 30th.
- In the case of Louisiana corporations and Louisiana limited liability companies, a certified copy of the firm’s articles of amendment issued by the Louisiana Secretary of State must accompany this application. In the case of foreign corporations, foreign limited liability companies, foreign partnerships and other foreign entities, a copy of the firm’s amended certificate of authority to do business in Louisiana issued by the Louisiana Secretary of State must accompany this application. In the case of domestic business entities which convert pursuant to La. R.S. 12:1607, *et seq.*, a certified copy of the firm’s certificate of conversion issued by the Louisiana Secretary of State must accompany this application.

Notes:

1. The firm name must be the same as shown on the applicable certificate issued by the Louisiana Secretary of State.
2. “Domicile” means City and State.
3. Separate license numbers will be issued for engineering firms and land surveying firms.
4. “Foreign” means outside Louisiana. The foreign firm must be authorized to do business in Louisiana by the Louisiana Secretary of State.



Application to Change Firm Name

Date of application:

Type of firm: Engineering (EF) Land Surveying (VF) Engineering and Land Surveying³

1. New Firm Name:¹

2. Previous Firm Name:¹

3. Firm license number(s):³ EF VF

4. Domicile and principal place of business:²

5. Federal Taxpayer Identification Number (TIN):

6. Company Website:

7. Contact Person:

8. Mailing Address:

9. Telephone Number: Ext: Fax Number:

10. Contact Email:

11. Provide information appropriate to your firm in the spaces below:

- | | | |
|---|--------------------|--------|
| <input type="checkbox"/> Louisiana Corporation | Date Incorporated: | |
| <input type="checkbox"/> Foreign Corporation ⁴ | Date Incorporated: | State: |
| <input type="checkbox"/> Louisiana Limited Liability Company | Date Formed: | |
| <input type="checkbox"/> Foreign Limited Liability Company ⁴ | Date Formed: | State: |
| <input type="checkbox"/> Louisiana Partnership | Date Formed: | |
| <input type="checkbox"/> Foreign Partnership ⁴ | Date Formed: | State: |
| <input type="checkbox"/> Other Louisiana Firm Type | Date Formed: | |
| <input type="checkbox"/> Other Foreign Firm Type ⁴ | Date Formed: | State: |

12. Locations in Louisiana where the firm has offices (not registered agent) *If the firm has no offices in Louisiana, indicate accordingly:*

13. Brief description of services to be provided by firm in Louisiana:

14. Reason(s) for change of firm name:

15. Designated Supervising Professionals:

Under the provisions of Louisiana Administrative Code, Title 46, Part LXI, Chapter 23, all professional services in the State of Louisiana shall be executed by or under the responsible charge of a licensed Professional Engineer or Professional Land Surveyor who is designated by the firm as a supervising professional. Such licensed professional shall be an active employee of the firm (a) whose primary employment is with the firm on a full-time basis or (b) whose secondary employment is with the firm, the supervising professional is an owner of the firm. Such licensed professional shall be licensed in Louisiana and in the same profession as the firm (*e.g.*, a Professional Engineer in an engineering firm).

16. Certification by Designated Supervising Professionals:

The following licensees, who are the designated Supervising Professionals of the firm, each hereby certifies that:

- a. I have read and understand the Laws and Rules of the Board (<http://www.lapels.com/LawsRules.html>), and
- b. I acknowledge my responsibility to inform the Board, in writing, within thirty (30) days of any change of my employment or Supervising Professional status with the firm.

NAME OF SUPERVISING PROFESSIONAL	DATE	PE or PLS	LICENSE NUMBER
<i>Attach continuation sheet if necessary</i>			

17. Violations

Yes No Within the past 36 months, has the firm been convicted of a felony or of a crime of moral turpitude, or entered a plea of guilty or nolo contendere to a felony charge or to a crime of moral turpitude, under the laws of the United States or any state, territory or district of the United States?

Yes No Within the past 36 months, has the firm been convicted of any crime, or entered a plea of guilty or nolo contendere to any criminal charge, an element of which is fraud or which arises out of the practice of engineering or land surveying?

Yes No Within the past 36 months, has the firm been convicted of any civil or criminal violation of, or entered a plea of guilty or nolo contendere to any criminal charge under, the Louisiana Campaign Finance Disclosure Act or any other campaign finance and/or practices laws of the State of Louisiana, the United States, or any state, territory or district of the United States?

Yes No Within the past 36 months, has the licensing authority of another state, territory or district of the United States refused to (a) issue to the firm a license, permit or certificate to practice engineering or land surveying or (b) renew the firm's license, permit or certificate to practice engineering or land surveying?

Yes No Within the past 36 months, has the licensing authority of another state, territory or district of the United States which has issued to the firm a license, permit or certificate to practice engineering or land surveying (a) revoked or suspended such license, permit or certificate or (b) taken any other disciplinary or enforcement action against the firm?

If the answer to any of these questions is "Yes", provide the date(s) and pertinent facts of the case(s) or proceeding(s) including the final disposition (even if the information was previously provided to the Board). Attach additional pages if necessary.

18. Certification by an authorized officer of the firm:

I certify that I have read and understand Louisiana Revised Statutes 37:689 (Firms) and Louisiana Administrative Code, Title 46, Part LXI, Chapter 23 (Firms) and that the statements in this application are, to the best of my knowledge, true and correct.

Name of Authorized Officer

Title

Date



Electronic Check Authorization Form

(U.S. Banks only)

PLEASE DOWNLOAD AND COMPLETE THIS AUTHORIZATION FORM
All information will remain confidential.

Name on Account:

Name on Application:

(if different from account holder)

This is a business account

This payment is for a/an:

Billing Address:

City:

State:

Zip Code:

Country:

Phone Number:

Email:

Checking

Savings

Routing Number:

Account Number:

Yes, I authorize this transaction. Please print this page if you would like a copy of this authorization for your records. By checking "Yes" and opting to pay by electronic debit against the bank account specified above, I agree and stipulate to all statements:

1. I am the legal owner, have power of attorney, or have legal authority in relation to the bank account specified above to be used for payment.
2. Such bank account is open, validly issued, in good standing and able to accept electronic debits.
3. Louisiana Interactive or its agent is authorized to electronically debit the bank account shown above, and if necessary, to credit such account to correct any erroneous debits using an Automated Clearing House ("ACH") debit entry.
4. This ACH debit authorization will remain in full force and effect for this single debit entry only.
5. Louisiana Interactive or its agent may re-debit my account for the payment in the event such is dishonored by my financial institution, and is additionally authorized to charge the maximum return item processing fee according to the laws governing Louisiana Interactive's state.
6. For inquiries relating to this electronic debit authorization, including revocation of this authorization, I may contact Louisiana Interactive at 225-325-5450.
7. I understand the Originating ID for this transaction is "1522077581". Please make sure your banking institution has released any debit blocks (if applicable) for this ID to ensure successful payment.

I (we) agree that ACH transactions I (we) authorized comply with all applicable NACHA Rules and all applicable US law and the laws governing Louisiana Interactive's state.

Amount to Charge (USD):

Fee: \$

Service Fee: \$

Total: \$

Electronic signature:

(type your name)

Date:

Once signed, email with the completed application to janet@lapels.com, or return by mail with the completed application to the following address:

LAPELS
ATTN: FIRM NAME CHANGE
9643 BROOKLINE AVENUE, SUITE 121
BATON ROUGE, LA 70809

OFFICE USE ONLY

Application Type _____

Confirmation Number _____



Credit Card Authorization Form

PLEASE DOWNLOAD AND COMPLETE THIS AUTHORIZATION FORM
All information will remain confidential.

Cardholder Name:

Name on Application:

(if different from credit card holder)

Billing Address:

City:

State:

Zip Code:

Phone Number:

Email:

Credit Card Type:

Visa

MasterCard

Discover

American Express

Credit Card Number:

Expiration Date:

Card Identification Number (3 digits on back of Visa/MC/Discover, 4 digits on front of AMEX):

Amount to Charge (USD):

Fee: \$

Service Fee: \$

Total: \$

I authorize LAPELS to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder: Print Name and Date below

Electronic signature:

(type your name)

Date:

Once signed, email with the completed application to janet@lapels.com, or return by mail with the completed application to the following address:

**LAPELS
ATTN: FIRM NAME CHANGE
9643 BROOKLINE AVENUE, SUITE 121
BATON ROUGE, LA 70809**

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Application Type _____

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