

# NORTH DAKOTA STATE BOARD OF REGISTRATION for PROFESSIONAL ENGINEERS AND LAND SURVEYORS

## Certificate of Commercial Practice

Obtaining a Certificate of Commercial Practice (COCP) from the North Dakota State Board of Registration for Professional Engineers and Land Surveyors is a two-part process. One of the requirements to obtain a COCP is registration with the North Dakota Secretary of State. Contact the North Dakota Secretary of State's office at (701) 328-4284 or visit their website at [www.nd.gov/sos](http://www.nd.gov/sos). Complete the forms required by the Secretary of State according to their instructions. When you return the forms to the Secretary of State, **contact this office and let us know that the forms have been filed**. Once compliance with the Secretary of State requirements has been verified by the Board of Registration, we can proceed with your application for a COCP. The Board of Registration will work in conjunction with the Secretary of State as much as possible, but it is still the responsibility of the applicant to forward all required information to the appropriate agency.

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- ✓ **Carefully read Title 28 of the North Dakota Administrative Code (NDAC) and Chapter 43-19.1 of the North Dakota Century Code (NDCC).** Chapter 43-19.1 contains all statutes and requirements pertaining to registration in North Dakota. Title 28 contains all rules, regulations and requirements pertaining to registration in North Dakota. Links to access Title 28, NDAC and chapter 43-19.1, NDCC are available on the State Board's webpage at [www.ndpelsboard.org](http://www.ndpelsboard.org).
- ✓ Complete the application form in its entirety, preferably typed. Illegible applications will be returned and the registration fee will be forfeit. The registration fee is \$200.00.

### 1. General Information

- a. Date the application.
- b. Provide the name of the organization.
- c. If your organization is operating under a name other than the organization's name, i.e. "Doing Business As" or DBA, enter that name.
- d. Provide the principal address of the organization.
- e. Provide the address you want the Board to use to correspond with your organization.
- f. For foreign businesses, provide the state in which your organization was initially formed.
- g. Enter the name of the contact individual with whom the Board should correspond.
- h. Enter the telephone number and extension of the contact individual listed in "g" above.
- i. Enter your FAX number.
- j. Provide your email address.

### 2. Officers & Directors

- a. The names and addresses of all partners, officers, directors, managers, or governors are required by North Dakota Century Code (NDCC) §43-19.12-27 (6). Enter that information in the spaces provided. If necessary, attach additional sheets.
- b. Sole proprietorships that are operating under a trade name should enter the name of the sole proprietor.

### 3. Registered Professional Engineers and Registered Professional Land Surveyors

- a. The names and ND registration numbers of all employees who are registered to practice professional engineering or professional land surveying in North Dakota are required by NDCC §43-19.1-27 (6). If necessary, attach additional sheets.
- b. If the individual application(s) is submitted at the same time as the organization's application, enter the name(s) in the space provided. Enter "pending" in the ND Registration number column. If the individual application(s) is approved, the State Board will enter the registration number.
- c. Check the "Responsible Charge" box for any individual who will be in responsible charge of any work. The work your organization is performing may require a single individual to be in responsible charge or the project may require multiple individuals. Check the box for the appropriate number of individuals required.

### 4. Affidavit

- a. When you are satisfied that all information in your application is true and accurate, sign your name to the application in the presence of a notary public. Be sure the notary seals the affidavit.
- b. All signatures must be original and in blue or black ink.

All Certificates of Commercial Practice expire on December 31<sup>st</sup>. A renewal notice will be mailed around the first part of November. All Certificates are subject to a \$200.00 annual renewal fee.

If you need any assistance, please contact the Board office at 701-258-0786 or via email at [contact@ndpelsboard.org](mailto:contact@ndpelsboard.org).

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**THE RESPONSIBILITY FOR COMPLYING WITH ALL REQUIREMENTS FOR REGISTRATION RESTS WITH THE APPLICANT**

**NORTH DAKOTA STATE BOARD OF REGISTRATION FOR  
PROFESSIONAL ENGINEERS AND LAND SURVEYORS**

**Application for Certificate of Commercial Practice**

**1. General Information**

Date

Name of Organization

DBA (if different from above)

Principal Address  Mailing Address if different from Principal address

Organized and incorporated under the laws of the state of:  Contact Name

Telephone #  Fax#  Email

**2. Officers & Directors**

Enter the names and address of all partners of a partnership, directors of a corporation or the sole proprietor. Attach additional sheets if necessary.

|  |   |
|--|---|
| <input style="width: 95%; height: 20px;" type="text"/><br>Name/Title | <input style="width: 95%; height: 20px;" type="text"/><br>Address |
| <input style="width: 95%; height: 20px;" type="text"/><br>Name/Title | <input style="width: 95%; height: 20px;" type="text"/><br>Address |
| <input style="width: 95%; height: 20px;" type="text"/><br>Name/Title | <input style="width: 95%; height: 20px;" type="text"/><br>Address |

**3. Registered Professional Engineers, Registered Professional Land Surveyors**

Enter the names and North Dakota registration numbers of all persons registered as professional engineers or professional land surveyors who will practice engineering or land surveying in North Dakota as employees for the organization. Designate which individual/s will be in Responsible Charge. You **must** designate at least one individual. Attach additional sheets if necessary.

|  |   |   |
|--|---|---|
| <input style="width: 95%; height: 20px;" type="text"/><br>Name/Title | <input style="width: 95%; height: 20px;" type="text"/><br>ND Registration # | <input type="checkbox"/> Responsible Charge |
| <input style="width: 95%; height: 20px;" type="text"/><br>Name/Title | <input style="width: 95%; height: 20px;" type="text"/><br>ND Registration # | <input type="checkbox"/> Responsible Charge |
| <input style="width: 95%; height: 20px;" type="text"/><br>Name/Title | <input style="width: 95%; height: 20px;" type="text"/><br>ND Registration # | <input type="checkbox"/> Responsible Charge |

**5. AFFIDAVIT**

STATE OF  ss.  
COUNTY OF

being first duly sworn, deposes and says: I am duly authorized by  
  
(Name of Organization)

to prepare this application for a Certificate of Commercial Practice and attest, to the best of my knowledge and belief, that the information contained herein is true and correct in every respect. Subscribed and sworn, or affirmed, to me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires \_\_\_\_\_