



Renewal for Certificate of Commercial Practice (CoCP)

Fee: \$100.00

Check or Stripe Receipt Number: _____

Company Name: _____ CoCP Number: _____

Address: _____ Phone Number: _____

City, State, Zip: _____ Email Address: _____

List all employees of your company who are registered in North Dakota in the spaces below or on an attached piece of paper, if required:

_____ Name	_____ License Number	_____ Name	_____ License Number
_____ Name	_____ License Number	_____ Name	_____ License Number
_____ Name	_____ License Number	_____ Name	_____ License Number

Has your company been fined, reprimanded, on probation, censured, admonition, suspended, revoked, surrendered, restricted, limited or denied since your last CoCP renewal in North Dakota?

Yes No If yes and you have not previously provided a statement to the Board, attach a separate statement of explanation, along with any consent order or other legal documents that highlight the violation and discipline.

Yes No Per NDAC 28-02.1-07-02 (3) the company listed above is in a "active" and "good standing" status with the North Dakota Secretary of State's office. Failure to comply with this requirement may result in disciplinary action or civil penalties.

By signing this form, I attest that I am authorized by the company listed above to prepare this renewal for a Certificate of Commercial Practice (CoCP), and attest that to the best of my knowledge and belief that the information contained herein is true and correct in every respect.

Signature Printed Name (First, MI, Last) _____ Date

Email of the individual completing this form: _____