



Renewal for Certificate of Commercial Practice (CoCP)

Check Number: _____

Company Name: _____ CoCP Number: _____

Address: _____ Phone Number: _____

City, State, Zip: _____ Email Address: _____

Do you wish to receive email notifications in lieu of mailing in regards to your CoCP license? ☐ Yes ☐ No

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.

☐ By selecting this box, you are attesting that the company listed above is maintaining its annual requirements and is in an "active" and "good standing" status with the North Dakota Secretary of State. And that you understand that this is a requirement prior to renewal as outlined in North Dakota Administrative Code Title 28-02.1-07-02 (3). This is an auditable requirement and non-compliance may result in disciplinary action to include reprimand, suspension, revocation, or civil penalty.

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: _____