

# West Virginia State Board of Landscape Architects 179 Summers Street Suite 319, Charleston, WV 25301

## CERTIFICATE OF AUTHORIZATION RENEWAL 2025-2026

## **INSTRUCTIONS**

This renewal is to cover your firm's certificate of authorization to provide landscape architectural services for the fiscal year ending June 30, 2026. Your current authorization expires on June 30, 2025 and must be renewed.

PD\$	Ск/Мо#
	FOR OFFICE USE ONLY

Date of Application:				
ALL FEES ARE NON-REF	UNDABLE.			
COA Renewal COA#				
\$15 Firm/organization with (1)	) Professional Landscape Arcl	nitect		
\$150 Firm/organization with tw	vo (2) or more Professional Land	scape Architects (count includ	es ALL PLAs, and nor	ı-WV PLAs)
COA Reinstatement Applicant	Request to reinstate COA #			
\$60 Firm/organization with (	1) Professional Landscape Arc	hitect		
\$350 Firm/organization with tw	vo (2) or more Professional Land	scape Architects (count includ	es ALL PLAs, and non	-WV PLAs)
\$15 New Certificate (to reflect	official change of name or LAIF	RC) or Replacement Certificat	e or Duplicate Certific	cate
Check appropriate box:  Sole Proprietorship Limited Partnership of Other  The following information must	Corporation  Limited Liability Partnership  st be updated if it has changed s	since your COA application		
<b>STATEMENT</b>				
Name of Firm:		FEIN:		
Mailing Address:	City	County		State Zip
Corporation: State: Da	te of Incorporation:	Web A	Address:	
Telephone:	Fax:	Email		
CORPORATE OFFICERS				
List below the name, address a State Board of Registration for			cer is also registered l	by the West Virginia
NAME	TITLE	COMPAN	Y ADDRESS	LIC #

## REGISTERED INDIVIDUAL IN RESPONSIBLE CHARGE

The following West Virginia Professional Landscape Architect is in direct control or has personal supervision of the practice and all personnel who act on behalf of the firm in professional matters and will be responsible for the proper conduct of the above named firm in the State of West Virginia for the practice of landscape architecture. A landscape architect who renders occasional, part-time or consulting engineering to or for a firm may not be designated as being responsible for the professional activities of the firm unless that landscape architect is an owner or principal of the firm.

First Nam	e:	Middle: Last:		Suffix:
Position/T	Title:		WV Registr	ration #:
Mailing A	ddress:	City	County	State Zip
Telephone	e:	Fax Number:	Email	
DISCLOS	<u>SURE</u>			
☐ No	Yes	Have you personally ever been convicted in any jurisdiction application. Do not disclose violations that were adjudica		
□ No	Yes	Have you ever personally been subject to any disciplinary a national regulatory board (including WV)?	action or any investigation	by any local, state or
□ No	Yes	Have you personally ever been convicted in any jurisdiction on this application. Do not disclose violations that were ad-		• •
No	Yes	Have you ever personally been denied licensure in another	jurisdiction?	
No	Yes	Are you currently practicing or even offering to provide lan	ndscape architectural service	ces for projects in WV?
□ No	Yes	Has this firm ever been subject to any disciplinary action or regulatory body (including WV)?	r any investigation by any l	local, state or national
No	Yes	Has this firm ever been denied a Certificate of Authorization	n (or similar company licer	nse) in another jurisdiction?
☐ No	Yes	Is this firm currently practicing or even offering to provide	landscape architectural serv	vices for projects in WV?

If you answered "Yes" to one or more of the above questions, attach additional pages providing an explanation of the events, a description of the investigation, disciplinary proceedings, type of sanctions imposed, or any other documentation relating to this matter, including applicable criminal conviction records, state police or court records. You also have the right to include any additional information you wish to have considered with this application (i.e., reference letters, documentation of rehabilitation, etc.).

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### OTHER LANDSCAPE ARCHITECTS EMPLOYED BY THE FIRM

List below the name, address and registration number of each Professional Landscape Architect whose professional services are employed by the firm as of the date of this application.

NAME	COMPANY ADDRESS	WVREG #

<sup>\*\*</sup> In an effort to avoid duplicate billings for branch offices operating under the same FEIN, please attach a list of all such branch offices and their addresses to be covered under this Certificate of Authorization.

### WV CODE 30-13-17. Certificates of authorization required; naming of landscape architecture firms.

- (a) No person or firm is authorized to practice or offer to practice landscape architecture in this state until the person or firm has been issued a certificate of authorization by the board.
- **(b)** A person or firm desiring a certificate of authorization must file all the required information with the board on an application form specified by the board. The required information shall include the sworn statement of the landscape architect in responsible charge who is a licensed professional landscape architect registered in this state. The board shall issue a certificate of authorization to an applicant who has met all the requirements and paid the fees set forth in board rules.
- (c) No person or firm is relieved of responsibility for the conduct or acts of its agents, employees, officers or partners due to compliance with the provisions of this article. No individual practicing landscape architecture under the provisions of this article is relieved of responsibility for landscape architectural services performed due to his or her employment or other relationship with a person or firm holding a certificate of authorization.
- (d) A landscape architect who renders occasional, part-time or contract landscape architectural services to or for a firm may not be designated as being in responsible charge for the professional activities of the firm unless that landscape architect is an owner or principal of the firm.
- (e) The Secretary of State shall not issue a certificate of authority or business registration or license to an applicant whose business includes, among the objectives for which it is established, the words landscape architect, landscape architectural or any modification or derivation thereof unless the board of registration for this profession has issued to the applicant a certificate of authorization or a letter indicating eligibility to receive the certificate. The certificate or letter from the board shall be filed with the application filed with the Secretary of State to do business in West Virginia.
- (f) The Secretary of State shall decline to register a trade name or service mark which includes the words landscape architect, landscape architectural or modifications or derivatives thereof in its business name or logotype except those businesses holding a certificate of authorization issued under the provisions of this article.
- (g) The certificate of authorization may be renewed in accordance with board rule upon payment of the required renewal fee.
- (h) Every holder of a certificate of authorization has a duty to notify the board promptly of any change in information previously submitted to the board in an application for a certificate of authorization.

#### **AFFIDAVIT**

It is hereby stipulated that the firm agrees to remain in good standing with all State agencies and departments as of the date of this application. If applicable, the Corporation Department in the office of the West Virginia Secretary of State shall be contacted immediately upon receipt of the Certificate of Authorization granted by the WV Board of Registration for Landscape Architects. It is recognized that failure to contact the WV Secretary of State's office, or failure to remain in good standing with them or any other state agency or department, will result in the possible revocation of the COA granted by this Board.

IN WITNESS WHEREOF, the corporation has caused	its corporate name and s	seal (if applicable) to be hereunto affixed by	its
President and attested to by its Secretary this	day of	, 20	
		NAME OF FIRM	
ATTEST: (If applicable)			
SIGNATURE OF SECRETARY (OFFICER)		SIGNATURE OF PRESIDENT (OFFICER)	