

**TEXAS BOARD OF PROFESSIONAL ENGINEERS
AND LAND SURVEYORS**

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FAX: 512/442-1414

E-mail: licensing@pels.texas.gov

WebSite: <http://pels.texas.gov>



Engineering Firm Registration Information Update Form

Name of Firm: _____ Registration # (if available): _____
dba (if applicable): _____
Total number of employees (including P.E.'s): _____ EIN: _____
Physical Address: _____
Mailing Address: _____
Phone: _____ Fax: _____
E-mail: _____

Subsidiary or Branch Office(s) offering engineering services to the public in Texas:
(If necessary, please provide an additional sheet with the applicable information.) None or N/A

1. Office Name: _____
Physical Address: _____
City, State, Zip: _____
Office Phone: _____ Fax: _____
E-mail: _____
Name of Engineer in responsible charge of engineering work in Texas in this office: _____

2. Office Name: _____
Physical Address: _____
City, State, Zip: _____
Office Phone: _____ Fax: _____
E-mail: _____
Name of Engineer in responsible charge of engineering work in Texas in this office: _____

3. Office Name: _____
Physical Address: _____
City, State, Zip: _____
Office Phone: _____ Fax: _____
E-mail: _____
Name of Engineer in responsible charge of engineering work in Texas in this office: _____

Officer(s) and/or Director(s) of Firm/Sole-Practitioner, mandatory per Board Rule §135.3(b)(2):

(If necessary, please provide an additional sheet with the applicable information.)

1. Name: _____ Position/Title: _____
Business Address: _____
City, State, Zip _____
Business Phone: _____ Fax: _____

2. Name: _____ Position/Title: _____
Business Address: _____
City, State, Zip _____
Business Phone: _____ Fax: _____

3. Name: _____ Position/Title: _____
Business Address: _____
City, State, Zip _____
Business Phone: _____ Fax: _____

**Current Texas P.E.s employed to practice engineering in Texas on behalf of the firm.
Mandatory per Board Rule §135.3(b)(3):**

(If necessary, please provide an additional sheet with the applicable information.)

1. Name: _____ Position/Title: _____
Business Address: _____
City, State, Zip: _____
Business Phone: _____ Current Texas P.E.#: _____

2. Name: _____ Position/Title: _____
Business Address: _____
City, State, Zip: _____
Business Phone: _____ Current Texas P.E.#: _____

3. Name: _____ Position/Title: _____
Business Address: _____
City, State, Zip: _____
Business Phone: _____ Current Texas P.E.#: _____

Name of Remitter: _____

Date: _____