SOLESIONAL ENGINER	TEXAS BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS	Office Use Only Firm #
I 40 ODAOS SULT	1917 S. Interstate 35, Austin Texas 78741-3702 <u>www.pels.texas.gov</u> Phone: (512) 440-7723 Fax: (512) 442-1414	Entity #
	RVEYING FIRM REGISTRATION FORM	Receipt #

Firms offering land surveying services in Texas must register with the Board. Firms must list any branches under the same TBPELS firm registration number. A firm branch <u>MAY ALSO</u> be registered separately from the headquarters. If the headquarter and branch(s) share the same EIN number, this is <u>NOT</u> required. A new form must be completed for each unique registration number. Mail this completed form with your check or money order for **\$150** to the address shown above.

1.	Firm's Legal Name:							
	DBA (if applicable):							
	Headquarters	OR	Stand-Alone Branch					
	EIN Number:							
	Mailing Address:							
			Address		City	County	State	Zip
	Physical Address							
			Address		City	County	State	Zip
	Telephone:							
	E-mail:			Fax:				
2A	Name(s) and title	(s) of Mana	ging Owner(s)					
	Contact E-mail A	ddress			Tele	ephone		
2 B	Name(s) and title	(s) of Partne	er(s), Officer(s) or Directo	r(s) of firm:				

3. Branches - Use page 2 to list all subsidiary and/or branch offices offering land surveying services. Print additional pages as needed.

4. Registered Professional Land Surveyors - Use page 3 to list all full time R.P.L.S. employed at either the main firm/subsidiary or branch offices. Print additional pages as needed.

Signature of Remitter		
Print Name		
Position with Firm	Amount Enclosed	_Date

Firm is required to renew its registration and pay the designated fee prior to January 1 of each year to offer land surveying services in the next year. If a firm does not renew its registration and pay the designated fee prior to January 1 of each year, the firm's registration will be deemed expired and late fees must be paid to renew the registration. Any surveying services offered without a valid renewed registration is in violation of the Professional Land Surveying Practices Act and subject to sanctions and penalty fees.

Subsidiary and/or Branch Office offering land surveying services.			□ None or Number:		
Office Name:					
Mailing Address:	Address	City	County	State	Zip
Physical Address:		·	-		
	Address	City	County	State	Zip
EIN Number: (To be in compliance with board rules, EINs Otherwise a separate registration is required			dquarters office EIN.		
Telephone:			Fax:		
E-mail:					
Office Name:					
Mailing Address:	A	City	Country	S4-4-	7:
Physical Address:	Address C		County	State	Zip
	Address	City	County	State	Zip
EIN Number: (To be in compliance with board rules, EINs Otherwise a separate registration is required			dquarters office EIN.		
Telephone:			Fax:		
E-mail:					
Office Name:					
Mailing Address:	4 11	Cite		<u>.</u>	7.
Physical Address:	Address	City	County	State	Zip
	Address	City	County	State	Zip
EIN Number: (To be in compliance with board rules, EINs Otherwise a separate registration is required			dquarters office EIN.		
Telephone:			Fax:		
E-mail:					

MUST BE SIGNED AND SEALED BY SURVEYOR FOR FIRM REGISTRATION

Affirmation of employment to be signed and sealed by each R.P.L.S. who is employed by firm:

I hereby certify under penalty of perjury that I Registered Professional Land Surveyor No. Firm Name/Branch or Subsidiary Name: Address: Phone:

I hereby acknowledge this statement by affixing my Registered Professional Land Surveyor seal hereto.

I hereby certify under penalty of perjury that I Registered Professional Land Surveyor No. Firm Name/Branch or Subsidiary Name: Address: Phone:

I hereby acknowledge this statement by affixing my Registered Professional Land Surveyor seal hereto.

I hereby certify under penalty of perjury that I Registered Professional Land Surveyor No. Firm Name/Branch or Subsidiary Name: Address: Phone:

I hereby acknowledge this statement by affixing my Registered Professional Land Surveyor seal hereto.

am employed full time by:

am employed full time by:

am employed full time by:

Please print and attach additional information regarding additional R.P.L.S. as needed.