



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Architectural Examiners

110 Centerview Dr. • Columbia • SC • 29210 (overnight)

P.O. Box 11419 • Columbia • SC 29211-1419 (mailing)

Phone: 803-896-4408 • Contact.Arch@llr.sc.gov • Fax: 803-704-6772

www.llr.sc.gov/arch

**INSTRUCTIONS FOR COMPLETING AN AMENDED CERTIFICATE OF
AUTHORIZATION (COA) APPLICATION**

*****Notice to Applicants: All information must be clear and legible. There is no charge for an amended Certificate of Authorization (COA).** The completed application can be emailed to contact.arch@llr.sc.gov for processing.***

Complete all Sections (if needed) as instructed below:

TYPE OF ORGANIZATION

Complete this section only if there are changes from the original application. However, if Business Corporation, Partnership, Professional Corporation, Limited Liability Company or Limited Liability Partnership, a Tax ID Number must be furnished or application cannot be processed. If Non-Exempt Proprietorship, a Social Security Number must be furnished or application cannot be processed. **If the Tax ID number has changed from the original application, please contact the board office since a new firm application must be submitted in order to license the new firm.**

BUSINESS INFORMATION

Complete this section. Give business name, complete mailing address, email, telephone and fax. If the firm name has changed, indicate previous company name and/or “no change” on the line just below the telephone and fax number.

ARCHITECT IN RESPONSIBLE CHARGE OF ARCHITECTURAL WORK IN SOUTH CAROLINA

Furnish the name of the individual who is a SC Architect who will be the “Architect in Responsible Charge”. Indicate SC Architect’s name and SC License Number.



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AMENDED CERTIFICATE OF AUTHORIZATION (COA) APPLICATION

TYPE OF ORGANIZATION (Only sole proprietorships in which the firm's name is that of the licensed professional are exempt, i.e., John Doe, Architect)

- Business Corporation
- Partnership
- Limited Liability Company
- No change to the structure
- Professional Corporation
- Non-Exempt Proprietorship
- Limited Liability Partnership

FEIN/Social Security No.*: _____

** Application cannot be processed without FEIN/SSN*

Certificate of Authorization No.: _____

BUSINESS INFORMATION

Business Name: _____

DBA Name (if applicable): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (P.O. Box, if applicable): _____

City: _____ State: _____ Zip: _____

Preferred mailing: Physical Address and/or P.O. Box

Phone No.: _____ Fax No.: _____

Email: _____

(On line above, indicate previous company name and/or "no change" if company name remains the same from the original application.)

ARCHITECT IN RESPONSIBLE CHARGE OF ARCHITECTURAL WORK IN SOUTH CAROLINA

Name: _____ Title: _____

South Carolina Registration No.: _____

Signature Title Date

Print Name