

RESPONSIBLE CHARGE (SURVEYOR, LANDSCAPE ARCHITECT)

I, _____ HEREBY CERTIFY UNDER PENALTY OF PERJURY AS FOLLOWS:

1. I AM THE DESIGNATED MANAGING AGENT OR RESPONSIBLE CHARGE FOR:

2. I HOLD A CURRENT MARYLAND _____ LICENSE NO. _____

WHICH EXPIRES ON _____.

3. MY AFFILIATION WITH THE ENTITY NOTED ABOVE IS:

_____ OWNER _____ OFFICER _____ PARTNER

_____ EMPLOYEE _____ DIRECTOR _____ OTHER

4. I AM NOT AND WILL NOT BE THE MANAGING AGENT OR RESPONSIBLE CHARGE FOR MORE THAN ONE ENTITY IN MARYLAND THAT PROVIDES OR OFFERS TO PROVIDE _____ SERVICES, EXCEPT IF ANOTHER ENTITY IS AN AFFILIATE OF A PERMIT HOLDER.

5. I AM IN A POSITION TO ACT ON BEHALF OF THE ENTITY STATED ABOVE IN ALL MATTERS RELATED TO THE PRACTICE OF OR THE OFFERING OF THE PRACTICE OF _____ FOR THE ENTITY.

6. I AFFIRM THAT I HAVE CAREFULLY READ THE LAW AND REGULATIONS SET FORTH IN TITLE _____, BUSINESS OCCUPATIONS AND PROFESSIONS ARTICLE, ANNOTATED CODE OF MARYLAND, AND THE CODE OF MARYLAND REGULATIONS, TITLE 09, SUBTITLE _____. I FURTHER AFFIRM THAT I UNDERSTAND AND ACCEPT MY RESPONSIBILITIES UNDER SUCH LAWS AND REGULATIONS.

WITNESS SIGNATURE

SIGNATURE
MANAGING AGENT OR RESPONSIBLE CHARGE

PRINTED NAME

PRINTED NAME

DATE: _____

DATE: _____

-

Send Form To:

Professional Land Surveyors - DLOPLandSurveyors-LABOR@maryland.gov

Landscape Architects - DLOPLBoardofExaminersofLandscapeArchitects-LABOR@maryland.gov