|  | TEXAS BOARD OF PROFESSIONAL ENGINEERS |
| --- | --- |
| state of Texas seal | 1917 S. Interstate 35, Austin, Texas 78741-3702PH.: 512/440-7723FAX: 512/442-1414E-mail: info@engineers.texas.govWebSite: [http://engineers.texas.gov](http://engineers.texas.gov/) |

## 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: