

NORTH CAROLINA SOCIAL WORK CERTIFICATION & LICENSURE BOARD

PO Box 1043
Asheboro, NC 27204

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Website: www.ncswboard.org

E-mail: info@ncswboard.org

**APPLICATION FOR CERTIFICATE OF REGISTRATION FOR
PROFESSIONAL LIMITED LIABILITY COMPANY**

INSTRUCTIONS – USE THIS APPLICATION TO FORM A NEW PROFESSIONAL LIMITED LIABILITY COMPANY

- Complete and return this form to the Executive Director, NC Social Work Licensure & Certification Board at the above address.
- Attach 1 copy of the proposed Articles of Organization.
- The application fee is \$50.00. The check should be made payable to the NC Social Work Licensure & Certification Board.
- Incomplete applications will be returned.

I. Name & Address of Company

1. Proposed Company Name _____
2. Purpose of company _____
3. Mailing Address _____
4. Street Address _____
5. Telephone _____
6. E-Mail _____

II. Proposed Owners (attach separate sheets if necessary).

Name	Address	Profession	License #	% Shares Owned

III. Names of Proposed Directors (*attach a separate sheet if necessary*)

Name	Address	Profession	License #

IV. Names of Proposed Members

Name	Address	Profession	License #

V. Names of Proposed Professional Employees

Name	Address	Profession	License #

VI. Contact Information

Name _____
Address _____
Phone _____ Fax _____
E-Mail _____

We attest that we have read the relevant laws and Board rules and, to the best of our knowledge and belief, that no disciplinary action is pending against any of the organizers, members, managers, or employees. The undersigned organizers acknowledge that the professional limited liability company is being organized under the provisions of Chapter 57D of the North Carolina General Statutes, and that the company will be conducted in compliance with Chapter 57D and the rules of the Board.

Organizer _____ Organizer _____

Organizer _____

NORTH CAROLINA

_____ COUNTY

I HEREBY CERTIFY THAT _____, _____,
and _____ being the organizers of _____
personally appeared before me this day and stated that they have read the foregoing and that the statements
contained therein are true.

Signed before me this _____ day of _____, 20_____.

Notary Public

My commission expires _____

SEAL