



Firm Waiver Request Form

Contact Name *(for questions about this request)*

Contact E-Mail

Date of Request

Firm Name

Mailing Address

City

State

Zip

Phone

Ext

E-Mail

Supervising Professional Architect's Name

License Number

Supervising Professional Engineer's Name (if applicable)

License Number

Please provide a brief description of services to be provided in Louisiana:

I certify that the information above is true and correct

Signature

Print Name

Date