

**Arkansas Board of Registration  
For Professional Engineers & Land Surveyors  
PO Box 3750  
Little Rock, AR 72203-3750  
Telephone: 501-682-2824 Fax: 501-682-2827  
www.arkansas.gov/pels**

**2009 Renewal Notice for Dual Registrants**

Current Firm: \_\_\_\_\_  
 If this Firm offers engineering and/or surveying services in Arkansas, the Firm must have a Certificate of Authorization (COA).  
 Preferred Mailing Address:  
 Same as above (with zip +4)  
 Change: \_\_\_\_\_  
 \_\_\_\_\_  
 Daytime phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

**Board Use Only**

Date Rec'd:

---

**YOUR LICENSES WILL EXPIRE ON  
SEPTEMBER 30, 2008**

EI	\$5.00 =	<u>                    </u>
PE	\$40.00 =	<u>                    </u>
SI	\$5.00 =	<u>                    </u>
PS	\$30.00 =	<u>                    </u>
TOTAL ENCLOSED \$		<u>                    </u>

You must complete this form and return with payment to PE & PLS Fund postmarked no later than 9/30/08. Please write your license numbers on the face of your check or money order.

**RENEWAL FEES IF MAILED AFTER SEPTEMBER 30**

10/1/08 – 11/30/08: increase above fees by 50%.  
 12/1/08 – 3/31/09: increase above fees by 100%.  
 Please visit the online roster available at our website to review the status of your renewal. As renewals are processed the renewal year will change to "2009". You may also verify your company information & mailing address.

**Part 1 – You must check one or more of the following boxes:**

- The Summary of Professional Development Hours (PDH) which I have earned is shown in Parts II and III on the reverse side.
- I qualify for an exemption from the PDH requirements for my **PE license** based upon (check one & INCLUDE APPROPRIATE FEE):
  - New registrant/licensee licensed since August 1, 2007.
  - Requesting or continuing in an Inactive Status.
  - Out of the Country or on temporary active military duty for 120 consecutive days between October 1, 2007 & September 30, 2008.
  - I was born before October 1, 1943 AND registered as a PE before October 1, 1983.
  - I'm licensed in a state where I've met their mandatory Professional Competency requirement of at least 15 PDH per year (circle 1 of these approved states: AL GA IA IL KS KY LA ME MO MS MT NC ND NE NH NM NV OH OK OR SC SD TX WV WY), PE # \_\_\_\_\_.
- I qualify for an exemption from the PDH requirements for my **PS license** based upon (check one & INCLUDE APPROPRIATE FEE):
  - New registrant/licensee licensed since August 1, 2007.
  - Requesting or continuing in an Inactive Status.
  - Out of the Country or on temporary active military duty for 120 consecutive days between October 1, 2007 & September 30, 2008.
  - I wish to continue my Exempt Status previously granted by the Board (if you are 60 years of age or older OR you've been an AR PS for 20+ years, you may qualify for an exemption. Please contact the Board for more information).
  - I'm licensed in a state where I've met their mandatory Professional Competency requirement of at least 15 PDH per year (circle 1 of these approved states: AK AL DE IA ID IL IN KS LA MN MT NC NE NH NM NV OH OK OR SC SD TN VT WA WY), PS # \_\_\_\_\_.
- I do not wish to renew the following Arkansas license(s) (*choose a box(es) and circle the license*):
  - PE       EI (I am now licensed as a Professional Engineer # \_\_\_\_\_ in the State of \_\_\_\_\_).
  - PS       SI (I am now licensed as a Professional Surveyor # \_\_\_\_\_ in the State of \_\_\_\_\_).

**Certification/Affirmation of Eligibility for Licensure Renewal** – I hereby enclose my payment for the renewal fee and certify that the information contained herein is true and correct; and I have met all the requirements for licensure renewal set forth by the State of Arkansas per A.C.A. §17-30-101, §17-48-101 et seq. and the Rules of the Board. I agree to abide by the Rules of Professional Conduct. I understand that I may be audited by the Board of Registration for and if audited, I will be required to submit supporting documentation. I also understand that failure to comply with such requirements, or any false statements made on this document, is a cause for disciplinary action.

Have you been disciplined by another Board since becoming registered in AR? No: \_\_\_\_\_ Yes: \_\_\_\_\_ (include information regarding the disposition).

Printed Name \_\_\_\_\_ \*SSN# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*According to Arkansas Law, and for the purpose of administering the State Child Support Program, you must provide your current social security number (only if it has changed since October 1, 2007)

EI No. \_\_\_\_\_ Status: \_\_\_\_\_ PE No. \_\_\_\_\_ Status: \_\_\_\_\_ PE PDH carried forward: \_\_\_\_\_  
 SI No. \_\_\_\_\_ Status: \_\_\_\_\_ PS No. \_\_\_\_\_ Status: \_\_\_\_\_ PS PDH carried forward: \_\_\_\_\_

