

**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 Professional Engineer

Board Use Only		
Date Rec'd:		
CA/MO/CC/TC/CS CK/PC #	_____	
\$40.00	\$60.00	\$80.00

YOUR LICENSE EXPIRES ON DECEMBER 31, 2008

Renewal Fees if postmarked prior to:
Dec 31, 2008 - \$40.00

**Renewal fee (including late penalty),
if post marked between:**

January 1, 2009 to February 28, 2009 – \$60.00
March 1, 2009 to December 31, 2009 – \$80.00

To avoid a lapsed license, this completed form and payment (payable to PE & PLS Fund) **MUST BE POSTMARKED NO LATER THAN DECEMBER 31, 2008.** Please write your license number on your payment and allow 3 to 4 weeks for your paper renewal to be processed.

NOTICE a return envelope was not enclosed. Renew online and your renewal is processed within 24 hours compared to the 3-4 weeks that a paper copy requires. **Online renewal is available through June 30, 2009.**

As renewals are processed, the "Online Roster Search" expiration date on the website will be 31-Dec-09. Current contact information may also be verified online.

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: _____

NOTICE! You may renew on-line (until June 30, 2009) with a credit card by going to www.arkansas.gov/pels

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. I have met all the requirements for licensure renewal set forth by the State of Arkansas A.C.A. 17-30-101 et seq. and Rules of the Board and I agree to abide by the Rules of Professional Conduct. I understand that I may be audited by the Board and if audited, I will be required to submit supporting documentation. I understand that failure to comply with such requirements, or any false statements made on this document, is a cause for disciplinary action.

- I earned _____(enter hours to the nearest 0.5) Professional Development Hours (PDH) between January 1, 2008 and December 31, 2008 (do not include your carryover hours which are above your name at the top of this page). *Do not send PDH documentation. Please visit Article 20 of the Rules of the Board for Continuing Education requirements and PDH conversion instructions.*
- I qualify for an exemption from Professional Development Hours based upon (please check one & **INCLUDE APPROPRIATE FEES**):
 - New Registrant/Licensee since November 1, 2007.
 - Requesting or continuing in an Inactive Status.
 - Out of the Country or on temporary active military duty for 120 consecutive days between January 1 and December 31, 2007.
 - Requesting or continuing in an Exempt Status (I was born before January 1, 1944 **AND** registered as a PE before January 1, 1984).
 - I am licensed in a state where I have met their mandatory Professional Competency requirement of at least 15 PDH per year (circle one of these approved states: AL GA IA IL KS LA ME MO MS MT ND NE NV NH NM NC OH OK OR SC SD TX WV WY), PE # _____.
- I do not wish to renew my Arkansas license. I am returning this form without the renewal fee and request removal of my name from your active files.

Printed Name _____ *SSN# _____ -- _____ -- _____
Signature _____ PE # _____ Date _____

*According to Arkansas Law, and for the purpose of administering the State Child Support Program, provide your current social security number only if it has changed since January 1, 2008.