

**Arkansas State Board of Licensure
For Prof. Engineers & Prof. Surveyors**

PO Box 3750
Little Rock, AR 72203-3750
Telephone: 501-682-2824 Fax: 501-682-2827
www.arkansas.gov/pels

**01/01/2016-12/31/2017 Renewal Notice for
Certificate of Authorization (COA) – License Ends in Odd Number**

Board Use Date Rec'd:

Total Payment: \$100 \$150 \$200 Receiver Initials _____
Applicant Type: Licensee Other Payment received
Type Payment: Cashier's Check Company Check
 MO (Money Order) Personal Check Temp Check
Payment Identifier/number: _____
Receipt Type(s): Renewal Fee – COA \$100.00
Renewal Fee – COA – Late (1-60 days) \$ 50.00
Renewal Fee – COA – Late (61+ days) \$100.00

COA #: _____
Firm Name: _____
Address: _____
City: _____ State: _____ Zip+4: _____ – _____

Same as above (includes Zip+4 obtained at www.usps.com)
 Change Address: _____
Ste.: _____ Bldg/Floor (if applicable): _____
City: _____ State: _____ Zip+4: _____ – _____
E-Mail: _____
Primary Phone: (____) _____ – _____ Ext: _____
Secondary: (____) _____ – _____ Ext: _____
Fax: (____) _____ – _____

YOUR LICENSE WILL EXPIRE DECEMBER 31, 2015

Certificate of Authorization Renewal Fee:
\$100.00 – If postmarked prior to Dec 31

To avoid a lapsed license, this completed form and payment (payable to PELS Fund) **MUST BE POSTMARKED NO LATER THAN DECEMBER 31, 2015.** Please write your license type number on your payment.

IF NOT RENEWED, IT MUST BE REINSTATED!
REINSTATEMENT FEE:

\$150.00 – January 1 to February 28, 2016
\$200.00 – March 1, 2016 to December 31, 2017

NOTICE renew online and your renewal is processed within 24 hours compared to the 3-4 weeks that a paper copy requires.

As renewals are processed, the Online Roster (Search for a Licensee) expiration date on the website will be 31-Dec-17. Current contact information may also be verified online.

***NOTICE! You may renew on-line with a credit card by going to www.pels.arkansas.gov
NO TRANSACTION FEE OR STAMP REQUIRED FOR RENEWALS PROCESSED ONLINE!***

Please select the following options that are applicable:

- Our firm wishes to change our name to: _____
- Our firm wishes our license to be placed in a Non-Renewed Status (return this form without fees) and remove our name from future mailings.
- Our firm wishes to renew our COA as our firm offers/provides the following service(s). For each service we offer/provide, we have designated the following individual(s) ** as being in responsible charge and duly licensed in Arkansas.
- | | | | | |
|--------------------------------------|-------|----------------|-----------|-------|
| <input type="checkbox"/> Engineering | | | | |
| Name | Title | AR P.E. Lic. # | Exp. Date | |
| _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Surveying | | | | |
| Name | Title | AR P.S. Lic. # | Exp. Date | |
| _____ | _____ | _____ | _____ | _____ |

Contact Name: _____ Title: _____

Phone: (____) _____ - _____

** Arkansas requires at least one employee to be listed for each service offered/provided.