



ARKANSAS STATE BOARD OF LICENSURE FOR PROFESSIONAL  
ENGINEERS & PROFESSIONAL SURVEYORS  
P.O. BOX 3750  
LITTLE ROCK, ARKANSAS 72203  
[www.arkansas.gov/pels](http://www.arkansas.gov/pels)  
e-mail: [pelsboard@arkansas.gov](mailto:pelsboard@arkansas.gov)  
Phone (501) 682-2824 Fax (501) 682-2827

**APPLY AND SUBMIT PAYMENT ELECTRONICALLY ONLINE AT <https://pelslicensing.arkansas.gov/>!**

## PAPER APPLICATION INSTRUCTIONS – FIRM CERTIFICATE OF AUTHORIZATION (COA) LICENSE, AMENDMENT, OR REINSTATEMENT

The licensed professional engineer and/or professional surveyor acting as agents, employees, officers, partners of corporations, partnerships, LLC or firms should become familiar with the following requirements and responsibilities of an engineering and/or surveying firm in the State of Arkansas. The Laws & Rules – of the Board may be viewed on our Rules/Regs/Standards page of our website at <http://www.pels.arkansas.gov/rulesRegsStandards/Pages/default.aspx>.

- The Laws (A.C.A. 17-30-303 & 17-48-207) provide that a firm offers professional engineering and/or professional surveying services to the public must have a COA on file. The Rules of the Board (Articles 2, 21 & 22) include information regarding definition of a firm, sealing documents, practicing or offers to practice engineering/surveying through a firm, applying, renewing, & responsibilities for a Licensee practicing engineering/surveying as an individual or through a firm.
- Your application will be considered after the information contained in this packet has been processed by Board staff. Applications needing Board action will be placed on the agenda of the next Board meeting. Meetings are held in January, March, May, July, September, and November.
- **Application Type** – An application shall be filed to apply for (*select one*):
  - New COA license for firm (no prior license in Arkansas)
    - **FEE** \$150.00
  - Reinstatement – an existing COA license that has been non-renewed for more than 2 years
    - **FEE** \$300.00 (\$100 reinstatement, \$200 dues/late penalties)
  - Amendment – to an existing COA license (changes to firm name or PE/PS licensee designated as being in responsible charge of engineering and or surveying). Amendments need to be filed within thirty (30) days after the effective date of the change.
    - **FEE** NO FEE
- **Application Payment** (cashiers/personal/company check or Money Order) is Non-Refundable, unless waived by Board action, payable to PELS Fund, and must be submitted with your application.
- If you so desire, overnight packets can be sent to PELS Board, 623 Woodlane Dr., Little Rock, AR 72201, (501)682-2824.
- **General information** –
  1. Firm Name – Enter the name as you'd like your license to be shown
  2. Primary & Secondary Phone Numbers. If no Fax number is available write NA
  3. Doing Business As – applicable IF DIFFERENT THAN FIRM NAME
  4. Attention – whom should we contact regarding your COA
  5. Address Line 1 – enter MAILING ADDRESS and if applicable, the Ste Number
    - a. Address Line 2 – enter any additional mailing requirements (tower, Floor, Bldg etc).
    - b. City, State, Zip (obtain +4 at [www.usps.com](http://www.usps.com)).
    - c. Country – Select either USA or Other. If other, enter Country and applicable Postal Code.
  6. E-Mail address – this will be used for all Board Correspondence to your firm to Include renewal notices and News.
- **Responsible Professional Engineer (PE) and/or Responsible Professional Surveyor (PS)** – Each type of service offered or provided must have a corresponding Arkansas professional listed. Enter the Name, Title, Arkansas License # and Expiration date of the PE and/or PS who is in good standing (either active or exempt status) who shall be in responsible charge of the Arkansas engineering and/or surveying in this State by said firm.
- **Certification by Authorized Representative**



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&  
PROFESSIONAL SURVEYORS**  
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**Board Use: Date Rec'd:**Applicant type:  Firm ID # \_\_\_\_\_

Receiver Initials: \_\_\_\_\_

**Reason for payment:**

- Mail in Payment from PELS – Firm  
 Paper Application and Payment receive  
 Other payment received: COA License # \_\_\_\_\_

**Type Payment:**  Cashier's Check  Company Check MO (Money Order)  Personal Check  Temp Check

Payment Identifier: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Receipt Type(s):**

Application Fee – Certificate of Authorization	\$150.00
Reinstatement Fee – from Non-Renewed Status	\$100.00
Renewal Fee – Certificate of Authorization	\$100.00
Renewal Fee – Certificate of Authorization -Late (61+days)	\$100.00

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**CERTIFICATE OF AUTHORIZATION (COA)  
APPLICATION FOR LICENSE, AMENDMENT, OR REINSTATEMENT**

**APPLICATION TYPE:**

- A. **New COA License** – Select the services your firm will be offering or providing:  
 a. Dual engineering and surveying services   
 b. Engineering   
 c. Surveying
- B. **Reinstatement** – of existing Arkansas COA License #: \_\_\_\_\_ non-renewed since \_\_\_\_\_
- C. **Amendment**  – to Arkansas COA License #: \_\_\_\_\_

**GENERAL INFORMATION**

- Firm Name: \_\_\_\_\_
- Primary Phone: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Ext.: \_\_\_\_\_  
 Secondary Phone: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_
- Doing Business As (DBA - the trade or fictitious business name under which the business or operation is conducted and presented to the world): \_\_\_\_\_
- Attention: \_\_\_\_\_
- Address Line 1 (& Ste # if applicable): \_\_\_\_\_  
 a. Address Line 2 (Bldg/Floor if applicable): \_\_\_\_\_  
 b. Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_ – \_\_\_\_\_  
 c. Country: USA  OR Other:  Enter Country: \_\_\_\_\_ & Foreign Postal Code: \_\_\_\_\_
- E-Mail address for person receiving Board correspondence: \_\_\_\_\_@\_\_\_\_\_

**PRIMARY CONTACT PERSON FOR THIS FIRM – Name:** \_\_\_\_\_**ARKANSAS LICENSE NUMBER OF THE RESPONSIBLE PROFESSIONAL ENGINEER**

Name	Title,	Arkansas PE License #	Expiration Date
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**ARKANSAS LICENSE NUMBER OF THE RESPONSIBLE PROFESSIONAL SURVEYOR**

Name	Title,	Arkansas PS License #	Expiration Date
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As the Authorized Representative acting on behalf of the firm, I certify that I have read the Rules of the Board and by submitting this application I agree to be bound by the Acts of Arkansas, Rules of the Board and that a violation of any of the above could be the basis for revocation of my license.

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_