



ARKANSAS STATE BOARD OF LICENSURE FOR PROFESSIONAL
ENGINEERS & PROFESSIONAL SURVEYORS
P.O. BOX 3750
LITTLE ROCK, ARKANSAS 72203
www.arkansas.gov/pels
Phone (501) 682-2824
Fax (501) 682-2827

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

APPLICATION INSTRUCTIONS FOR ENGINEER INTERN (EI) LICENSE

BEFORE YOU APPLY FOR AN EI LICENSE, YOU MUST HAVE:

- Passed the Fundamentals of Engineering (FE) Exam (go to www.ncees.org/exams to register)
AND
- Have an EAC of ABET degree or its equivalent as defined in Article 8 of the *Rules of the Board*.
- Your application will only be considered when:
 - These instructions are followed
 - After all documents contained in this packet is received and verified by Board staff
- Applications needing Board action will be placed on the agenda for the next Board meeting. Meetings are held in January, March, May, July, September, and November.
- If you so desire, you may overnight the application packet to PELS Board 623 Woodlane Dr., Little Rock, AR 72201
- **It is your responsibility to complete the forms as indicated and where applicable, forward to the appropriate parties.**

DOCUMENTATION NEEDED –

- **Fees** – Are \$50.00, Non-Refundable, unless waived by Board action, payable to PELS Fund, and submitted with your application.
- **Application** 1 page – Includes General Information, College Education, Exam Information, and Certification by Signature.
- **Verification** – College Education –
 - One from each institute where you received an *engineering* degree.
 - **Equivalency Evaluation** – if your education has been evaluated for equivalency to an EAC of ABET degree, request that your evaluation be sent to the Board's office.
- **Verification** – Fundamental of Engineering exam – visit <https://verify.ncees.org/> and if the state is listed, select that state and supply the requested information. If it's not listed, complete our form and forward to the verifying Board's office.



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Phone: (501) 682-2824 Fax: (501)682-2827

Board Use Date Rec'd:

Applicant type: Licensee
Application # _____
Receiver Initials: _____
Reason for payment:
 Mail in Payment from PELS
 Paper Application and Payment
Type Payment: Cashier's Check Company Check
 MO (Money Order) Personal Check Temp Check
Payment Identifier: _____
Total Payment: \$ _____
Receipt Type(s): Application Fee – Engineer Intern **\$50.00**

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**APPLICATION FOR
ENGINEER INTERN (EI) LICENSE**

GENERAL INFORMATION

1. Name: First: _____ Mid: _____ Last: _____ Suffix: _____
Previous names used (if applicable): _____
2. Social Security #: _____ - _____ - _____
3. Date of Birth: ____/____/____
4. Primary Phone: (____) _____ - _____ Ext _____ Secondary Phone: (____) _____ - _____ Ext: _____
Fax: (____) _____ - _____ E-Mail: _____@_____
5. Address Type (check one): Home: Other: School: Work:
- a. If Address Type is Other or School, enter Name: _____
- b. If Address Type Work, enter Company Name: _____
- c. Address: suite/apt #: _____ Bldg/Floor (if applicable): _____
- d. City: _____ State: _____ Zip+4: _____ - _____ (obtain +4 at www.usps.com)

COLLEGE EDUCATION

STATE (XX)	NAME (of institution)	FROM (YYYY)	TO (YYYY)	GRADUATION DATE (MM-YYYY)	DEGREE RECEIVED (i.e. BS, MS Other)	MAJOR
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EXAM INFORMATION - Test(s) Taken (complete all that apply):

- Fundamentals of Engineering (mm/yyyy): ____/____, State (xx): ____, EI #: _____
- Principle & Practice of Engineering for first license (mm/yyyy): ____/____, State (xx): ____, PE #: _____
- Fundamentals of Surveying (mm/yyyy): ____/____, State (xx): ____, SI #: _____
- Principle & Practice of Surveying for first license (mm/yyyy): ____/____, State (xx): ____, PS #: _____

CERTIFICATION BY SIGNATURE – I do hereby 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.

Signature _____ Date: ____/____/____
Printed name: _____



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COLLEGE VERIFICATION:

Part A – Applicant, contact the Registrar’s Office regarding any processing fees, complete Part A and forward the form to them with a postage paid envelope addressed to PELS, PO Box 3750, Little Rock, AR 72203-3750.

Printed Name: First: _____ Mid: _____ Last: _____ Suffix: _____

Previous names used (if applicable): _____ Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

I am applying for a license with the Arkansas State Board of Licensure for Professional Engineers and Professor Surveyors (hereinafter referred to as the "Board") and hereby authorize any individual, company or institution to furnish the Board or any of its employees with any information requested on or by this form or to answer any questions or inquiries from Board employees, and do hereby release the individual company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

Signature _____ Date: ____/____/____

College Attended: _____ . Dear Registrar, I attest to receiving the following Degrees and ask for your verification:

Degree	Graduation Date	Major
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part B – Registrar, please check your records to verify the accuracy of educational record(s) stated above and complete the box below. Your cooperation in this matter is appreciated and the completed document may be emailed, faxed, or mailed to the address at the top of the form.

<p><i>Registrar Completes:</i></p> <p>Correct: <input type="checkbox"/> If not, enter correction: _____</p> <p>_____</p> <p>Registrar’s name: _____</p> <p>Registrar’s signature: _____</p> <p>Phone: (____) _____ - _____</p> <p>Date: _____</p>

Place college seal here



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BOARD VERIFICATION

Date: ____/____/____

TO: AR Board of Licensure For PE's & PS's **VERIFYING BOARD:**
 P.O. Box 3750 **ADDRESS:**
 Little Rock, AR 72203-3750 **CITY, STATE, ZIP:**

APPLICANT INSTRUCTIONS: contact the verifying Board(s) regarding any processing fees. Complete **PART A:** and **PART B: I.1. LICENSURE**, by selecting the license(s) you need verified, entering your license number(s), then forward the form to the Board(s).

PART A: Printed Name: First: _____ Mid: _____ Last: _____ Suffix: _____
 SSN: xxx-xx-____ Date of Birth ____-____-____ Phone: (____)____-____
 Address: _____ City: _____ State: _____ Zip: _____

PART B: Licensing Board/Entity, please complete the following then Email, fax, or mail the completed document to the address at the top of the form.

I. LICENSURE: THE ABOVE-NAMED PERSON:

- | | Lic. Number | Date Issued | Valid Until | Application Date: |
|-------------------------------|--------------------|--------------------|--------------------|--------------------------|
| 1. Is/was licensed as: | | | | |
| i. () ENGINEER INTERN | _____ | _____ | _____ | _____ |
| ii. () PROFESSIONAL ENGINEER | _____ | _____ | _____ | _____ |
| iii. () SURVEYOR INTERN | _____ | _____ | _____ | _____ |
| iv. () PROFESSIONAL SURVEYOR | _____ | _____ | _____ | _____ |
2. Has this individual maintained continuous licensure? Yes No If no, please explain: _____

II. BASIS OF LICENSURE:

	Hours	Score	NCEES	Discipline	State	Date
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- | | | | | | | |
|--------------------|-----------------------------|-------|-------|--|-------|-------|
| 1. () EXAMINATION | FE _____ | _____ | _____ | | _____ | _____ |
| | PE _____ | _____ | _____ | | _____ | _____ |
| | FS _____ | _____ | _____ | | _____ | _____ |
| | PS _____ | _____ | _____ | | _____ | _____ |
| | STATE SPECIFIC/OTHER: _____ | | | | | _____ |
2. () FE/FS ACCEPTED FROM: _____
 3. () PE/PS ACCEPTED FROM: _____
 4. () Was the NCEES cut score Used? Yes No If no, please explain: _____

 5. () Were veteran preference points applied to the score? No Yes If yes, please explain: _____

III. OTHER ISSUES – has applicant: 1. Ever been denied licensure? No Yes

2. Had any past or has any pending disciplinary actions? No Yes
 3. Please explain any "Yes" answers to questions 1-2 and provide supportive documentation: _____

IV. REMARKS: _____

Place Board
Seal Here

VERIFYING BOARD NAME:
BY: _____
TITLE: _____
DATE: ____/____/____