



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
SURVEYOR INTERN (SI) LICENSE**

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

- Passed the Fundamentals of Surveying (FS) Exam (go to www.ncees.org/exams to register); **AND**
- Have met the licensure requirements as defined in Article 8 of the *Rules of the Board*.
 - In 2009, the Arkansas Legislature passed Act 392 (Act) that will dramatically change the licensing requirements for Surveyor Intern and Professional Surveyor applicants beginning January 1, 2017. Please review the [Guidance Document for surveyor applicants regarding Act 392 of 2009](#) located on our Rules/Regs/Standards page of our website.
 - Effective February 27, 2011, the experience requirements were amended. Please review Article 8.D.2.a for a breakdown of the types of experience needed. Registration requirements may be viewed in Article 8 of the Current Rules of Board on our Rules/Regs/Standards page of our website www.pels.arkansas.gov/
- Your application will only be considered if:
 - these instructions are followed; and
 - all documents contained in this packet are 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 – Submit one for each institute, including any courses/degrees beyond that, you'd like considered as part of your qualifications. Only courses beyond high school or age 18, will be consider.
- **Verification** – Fundamental of Surveying 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.

ADDITIONAL DOCUMENTS NEEDED IF QUALIFYING ON EXPERIENCE –

- **References** – Three (3) that are less than one year old are required. Of which, two (2) must be Professional Surveyors, licensed and in good standing in any state, who are familiar with your work (not relatives or members of this Board).
- **Experience Sheets** – The Members are not familiar with your work and can only judge and evaluate your qualifications within an engagement based upon the information you provide. Start your experience at age 18 or high school graduation. Summarize the skills and knowledge used, being as concise, detailed and complete as possible. ***NOTE ALL TIME SINCE AGE 18 OR HIGH SCHOOL, INCLUDING COLLEGE AND NON-SURVEYING RELATED EXPERIENCE, MUST BE INCLUDED.***



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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 – Surveyor Intern **\$50.00**

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**APPLICATION FOR
SURVEYOR INTERN (SI) LICENSE**

GENERAL INFORMATION

1. Name: First: _____ Mid: _____ Last: _____ Suffix: _____
 Previous name 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) (of institution) | NAME | FROM (YYYY) | TO (YYYY) | GRADUATION DATE (MM-YYYY) | DEGREE RECEIVED (i.e. BS, MS Other) | MAJOR |
|--------------------------------|------|----------------|--------------|------------------------------|--|-------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

REFERENCES

| Name | Address | State of PS Licensure | Expiration Date |
|----------|---------|-----------------------|-----------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

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 name 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 Professional 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.

Registrar Completes:

Correct: If not, enter correction: _____

Registrar’s Signature: _____

Printed Name: _____

Phone: (____) _____ - _____, Ext: _____

Date: _____

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 |
|--|-----------------------------|--------------|--------------|-------------------|--------------|-------------|
| 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 <input type="checkbox"/> No <input type="checkbox"/> If no, please explain: | _____ | | | | | |
| 5. () Were veteran preference points applied to the score? No <input type="checkbox"/> Yes <input type="checkbox"/> 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: ____/____/____



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SURVEYOR INTERN Reference, type or print with a ball point pen.

PART A. APPLICANT INSTRUCTIONS: Complete PART A and ask your reference/respondent to complete PART B.

- 1. Name: First: _____ Mid: _____ Last: _____ Suffix: _____
2. Address, suite/appt #: _____ Bldg/Floor (if applicable): _____
3. City: _____ State: _____ Phone: (____) _____ - _____
4. Respondent's Name: _____
5. Job Title: _____
6. Phone # (____) _____ - _____ Email Address: _____ @ _____
7. State of PE Licensure: _____
8. Have you and the Reference been employed by, or been members of the same firm? No [] Yes [] if Yes:
a. Enter dates (MM-YYYY format) From: ____ - ____ To: ____ - ____
b. Name of Firm: _____
c. Your Position at the time: _____
d. City: _____ State: _____
e. Respondent 's Position: _____

PART B. RESPONDENT: If you are a P.S. reference, verification of current Licensure with evidence of *Expiration Date must accompany this form. Email, fax, or mail the completed document to the address at the top of the form.

- 1. Have you known each other in other circumstances? No [] Yes [] If yes, where? _____
2. Is the above information correct as stated? Yes [] No [] If no, please explain: _____
3. How long have you known the applicant? _____
4. Please define the applicant's character and reputation. _____
5. What is your business relationship to the applicant? _____
6. Do you have personal knowledge of the applicants surveying work? No [] Yes [] if Yes, please rate the amount of experience you believe the applicant has in the following areas:
Experience Type 2+ years 1-2 yrs. 6 mos - 1 yr. 0-6 mos.
Other Work/Sub Professional (such as instrument or rodman) [] [] [] []
FIELD-PLSS Boundary, Title, right-of-way/easement etc. [] [] [] []
FIELD- Construction/subdivision staking, survey measurement [] [] [] []
OFFICE-Record research & analysis [] [] [] []
OFFICE- computations (reducing, evaluating, boundary surveys) [] [] [] []
OFFICE-Prepare legal description, plats and/or subdivision plats [] [] [] []
7. In your opinion has the applicant had enough experience in the above types of surveying to justify applicant's licensure as a surveyor Intern? No [] Yes []
8. The following is my evaluation of the applicant's surveying ability: _____

Respondent Signature: _____ Signature Date: ____/____/____
If Professional Surveyor - list State: _____ Lic #: _____ Expiration date: ____/____/____

SURVEYING WORK EXPERIENCE: First: _____ Mid: _____ Last: _____ Birthday: ____/____/____(mm/yyyy)

Date Requirements for Degree Completed: ____/____/____ Date Degree Conferred: ____/____/____

IMPORTANT NOTICE: The Board's Rules (Article 8.D. & E. *et seq.*) contain specific experience requirements for all Surveyor applicants. We strongly encourage a review of these Articles prior to completion of this form. **PLEASE READ INSTRUCTIONS CAREFULLY!** (This page may be copied if additional room is needed)

| Engagement Number | ENTER DATE: From – To (mm/yy – mm/yy format) | ENTER ENGAGEMENT(S): 1. Engagement 1 starts at age 18 or high school (whichever is later). In chronological order, ACCOUNT FOR ALL TIME through application date leaving no date gaps between the last engagement and the new one. That includes any college, military, illness, unemployment, a new firm etc. 2. Double Space between Engagements 3. Enter Engagement Type (Firm Name/Institution, etc) & Title of your position. 4. Description/Character of Engagement – Using concise, explicit statements, enter your duties and degree of responsibility which includes the nature, magnitude, and complexity of work on which you were engaged. Comity applicants should highlight experience in a public land survey system. | ENTER TIME: Yrs. to decimals (in tenths) chart: 1 mo = .08 2 mo = .17 3 mo = .25 4 mo = .337 5 mo = .42 6 mo = .50 7 mo = .58 8 mo = .67 9 mo = .75 10 mo = .83 11 mo = .92 12 mo = 1.00 | | | | | | Enter person most familiar with each engagement, preferably supervisor. Name, PS #(if applicable), Title, Address, city, State, Zip |
|-------------------|---|---|---|---|---|--|--|--|---|
| | | | Other work or sub professional (such as instrument or rodman) | A. Field Surveying methods and procedures | | B. Office Surveying methods and procedures | | | |
| | | | | Boundary, land title, geodetic, Right-Of-Way/ easement surveys, etc. in Public Land Survey System | Const./Subdivision staking, surveying measurement cert. | Record research & analysis | Survey computations including reducing, evaluating & adjusting boundary surveys & networked data | Preparing legal descriptions, plats and/or subdivision plats | |
| | | | | | | | | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Totals

- 1. Other Work or Sub Professional (such as instrument or rodman time).....
- 2. FIELD - Boundary, land title, right-of-way/easement, etc. in PLSS.....
- 3. FIELD - Construction/subdivision staking, surveying measurement cert. etc.....
- 4. OFFICE - record research and analysis.....
- 5. OFFICE - survey computations including reducing, evaluating, boundary surveys & networked data.....
- 6. OFFICE - Preparing legal description, plats and/or subdivision plats

A. FIELD - EXPERIENCE (2+3)

B. OFFICE - EXPERIENCE (4+5+6)

TOTAL SURVEYING EXPERIENCE (A. + B.).....