

ANSWER FORM

For Use to Reply to Complaints Filed with the Arkansas Board of Registration of Professional Engineers

Submit to:

Arkansas Board of Registration for Professional
Engineers and Land Surveyors
P O Box 3750
Little Rock, Arkansas 72203
Phone: 501-682-2824
Fax: 501-682-2827

INSTRUCTIONS:

1. Please type or print legibly.
2. Respond completely and directly to statements made by Complainant (s).
3. Include names, phone numbers, and addresses of persons who can confirm statements made in the answer.
4. Include copies of relevant plats and documents.
5. If additional pages are needed, copy this form or attach additional pages.
6. Please be sure to sign this Answer Form on the reverse side and have your signature witnessed by a notary public.
7. Return the written Answer within twenty (20) days of the receipt of the Complaint.

NOTE: If you are unable to comply with any of these instructions because of a disability, contact the Board of Registration or the State Surveyor about provisions of the Americans with Disabilities Act.

NAME (S) OF LICENSEE (S)

NAME OF SURVEYING COMPANY

ADDRESS CITY STATE ZIP

ANSWER

STATE OF _____

COUNTY OF _____

I / We _____, being first duly sworn state (s)
Name of Licensee (s)

