

ANSWER FORM

For Use to Reply to Complaints Filed with the Arkansas State Board for Licensure
For Professional Engineers and Professional 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. If more space is required, attach additional pages as needed.
4. Include names, phone numbers, and addresses of persons who can confirm statements made in the answer.
5. Include copies of relevant plats, plans, or other documents.
6. Please be sure to sign this Answer Form and have your signature witnessed by a Notary.
7. Return the completed Answer Form to the Board at the address above.

NOTE: If you are unable to comply with any of these instructions because of a disability, contact the Board for assistance under the provisions of the Americans with Disabilities Act.

NAME OF RESPONDENT _____

FIRM OR COMPANY NAME _____

DAYTIME TELEPHONE _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

ANSWER

STATE OF _____

COUNTY OF _____

I, _____, being first duly sworn, state
Name of Respondent

