



ARKANSAS STATE BOARD OF LICENSURE FOR  
PROFESSIONAL ENGINEERS & PROFESSIONAL SURVEYORS  
P.O. BOX 3750  
LITTLE ROCK, ARKANSAS 72203  
623 Woodlane Dr., Little Rock, AR 72201  
[www.pels.arkansas.gov](http://www.pels.arkansas.gov)  
Phone (501) 682-2824 Fax (501) 682-2827  
E-Mail: [pelsboard@arkansas.gov](mailto:pelsboard@arkansas.gov)

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

## PAPER APPLICATION INSTRUCTIONS FOR ENGINEER INTERN (EI) OR SURVEYOR INTERN (SI) LICENSE

- Licensure Rules of the Board may be viewed in Article 8 of the Current Rules of the Board on our Rules/Regs/Standards page of our website at <http://www.pels.arkansas.gov/rulesRegsStandards/Pages/default.aspx> .
- Your application will be considered: After all documents contained in this packet have been completed by the appropriate parties; and received and verified 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.

### **DOCUMENTATION NEEDED –**

1. **Application** – 2 pages typed.
2. **Education Verification** – Submit each degree to be considered as part of your qualifications. A transcript is required for non-engineering/surveying related degrees or additional courses you wish to be considered. **NOTE:** Surveyor applicants using non-surveying related degrees as a basis for qualifications must provide a transcript.
3. **Exam Verification** – Verification of exam(s) passed (outside of Arkansas), may be requested through your MyNCEES account or creating a MyNCEES account at <https://account.ncees.org/> .
4. **Fees** – \$50 Application fee made Payable to PELS Fund. All fees shall be non-refundable unless waived by Board action and must be received before the application will be reviewed.

**It is your responsibility to complete the forms as indicated and where applicable, forward to the appropriate parties.**



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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: Application Fee – Engineer Intern **\$50.00**  
 Receipt Type: Application Fee – Surveyor Intern **\$50.00**

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**ENGINEER INTERN (EI) OR SURVEYOR INTERN (SI) LICENSE**

**Choose application type a. or b.:**

- a. Engineer Intern (EI)
- b. Surveyor Intern (SI)

**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](http://www.usps.com))
6. \_\_\_ Please indicate if you or your spouse is active duty military service or if you or your spouse is within one (1) year of discharge from active duty. (A.C.A. 17-1-106)

**COLLEGE EDUCATION**

<u>STATE</u> (XX)	<u>NAME</u> (of institution)	<u>FROM - TO</u> (YYYY)-(YYYY)	<u>GRADUATION</u> <u>DATE</u> (MM-YYYY)	<u>DEGREE RECEIVED</u> (i.e. BS, MS Other)	<u>MAJOR</u> (i.e. CE, ME)

**EXAM INFORMATION** - Test(s) Taken (complete all that apply):

Fundamentals of Engineering (mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_, State (xx): \_\_\_\_\_, EI #: \_\_\_\_\_

Fundamentals of Surveying (mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_, State (xx): \_\_\_\_\_, SI #: \_\_\_\_\_

**CHARACTER ISSUES – Responses of “Yes” to questions 1 - 6 below must be explained on line 7.**

1. Have you ever filed an application with this Board for any purpose (includes Engineer or Surveyor Intern)? No  Yes
2. Have you been denied Licensure in any State(s) or Territory(ies)? No  Yes  State: \_\_\_\_\_ Date: \_\_\_\_\_
3. Have you ever been convicted of a crime (felony or misdemeanor, except traffic violation)? No  Yes
4. Have you ever been charged with a crime (felony or misdemeanor, except traffic violation), the disposition of which was other than by acquittal or dismissal? No  Yes
5. Have you ever been disciplined by another licensing Board(s) that resulted in some type of enforcement action (such as probation, letter of caution, letter of reprimand, censure, monetary penalty, license revocation, etc.) regardless of whether the enforcement action was ordered or agreed to? No  Yes
6. Any disciplinary action, complaint or enforcement action pending against you by another licensing board? No  Yes
7. Affirmative answer explanations for questions 1 through 6 above: \_\_\_\_\_

**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): \_\_\_\_\_ SSN: XXX – XX-- \_\_\_\_\_

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.

*Registrar Completes:*

Correct:  If not, enter correction: \_\_\_\_\_

\_\_\_\_\_

Registrar’s name: \_\_\_\_\_

Registrar’s signature: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

Date: \_\_\_\_\_

*Place college seal here*



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### BOARD VERIFICATION

**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  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: \_\_\_\_/\_\_\_\_/\_\_\_\_