

**BEFORE THE ARKANSAS STATE BOARD OF LICENSURE FOR
PROFESSIONAL ENGINEERS AND PROFESSIONAL SURVEYORS**

IN THE MATTER OF
CLIFFORD D. HOLLAND
Professional Surveyor License 1625

ORDER OF SUSPENSION

Pursuant to Ark. Code Ann. §9-14-239, the Board is required to immediately suspend the professional license of a licensee who is three months or more in arrears on a child support obligation or who has outstanding warrants relating to a child support proceeding.

By Notice dated May 5, 2011, the Arkansas Office of Child Support Enforcement advised the Board that the Professional Surveyor License held by Clifford D. Holland must be immediately suspended, and that the required procedures and notice have been given to Clifford D. Holland.

Professional Surveyor License 1625 held by Clifford D. Holland is hereby suspended. Under the provisions of Ark. Code Ann. §9-14-239(d)(2) this suspension shall remain in effect until further notice from the Arkansas Office of Child Support Enforcement.

IT IS SO ORDERED this 20th day of May, 2011.

**ARKANSAS STATE BOARD OF LICENSURE
FOR PROFESSIONAL ENGINEERS AND
PROFESSIONAL SURVEYORS**

By: _____


Steve Haralson, Executive Director

CERTIFICATE OF SERVICE

I, James Atchley, investigator for the Arkansas State Board of Licensure for Professional Engineers and Professional Surveyors, do hereby certify that I have served a copy of the attached order by mailing copies of same, by first class mail and certified mail, with return receipt requested and postage prepaid, on this 23rd day of May, 2011, to:

Mr. Clifford D. Holland, PS
 AR Surveying and Consulting Inc
 1926 Salem Road
 Benton, AR 72019-9793

James H. Atchley
 James Atchley, Board Investigator

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$ 0.44
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.59

Postmark: **AR ST CAPITOL STA**
 MAY 23 Here
 2011
 USPS

Sent To: *Clifford Holland*
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800 January 2001 See Reverse for Instructions

7002 0510 0001 8878 6962

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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece.

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 PS Form 3811, August 2001

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3. Service Type
 Certified Mail
 Registered
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 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

A. Signature
Clifford Holland Agent Addressee

B. Received by (Print Name) Date of Delivery
Clifford Holland Yes No

D. Is delivery address different from item 1? If YES, enter delivery address below:
 Yes No

RECD MAY 31 2011