

**Arkansas State Board of Licensure
For Prof. Engineers & Prof. Surveyors**
PO Box 3750
Little Rock, AR 72203-3750
Telephone: 501-682-2824 Fax: 501-682-2827
www.arkansas.gov/pels

**01/01/2022-12/31/2023 Renewal Notice for
Certificate of Authorization (COA)–License Ends in Odd Number**

YOUR LICENSE WILL EXPIRE DECEMBER 31, 2021

Certificate of Authorization Renewal Fee:
\$100.00 – If postmarked prior to December 31

To avoid a lapsed license, this completed form and payment (payable to PELS Fund) MUST BE POSTMARKED NO LATER THAN DECEMBER 31. Write your license type number on your payment.

IF NOT RENEWED, YOUR LICENSE WILL LAPSE AND RENEWAL FEES WILL INCREASE AS FOLLOWS:

\$150.00 – January 1 to February 28, 2022
\$200.00 – March 1, 2022 to December 31, 2023

NOTICE renew online and your renewal is processed within 24 hours compared to the 1-2 weeks that a paper copy requires.

COA #: _____
Firm Name: _____
Address: _____
City: _____ State: _____ Zip+4: _____ – _____

Same as above Change Mailing Address:
Street: _____ Ste/Bldg/Floor: _____ (if applicable)
City: _____ State: _____ Zip+4: _____ – _____
E-Mail: _____ Primary Phone: (____) _____ – _____ Ext: _____
Secondary: (____) _____ – _____ Ext: _____ Fax: (____) _____ – _____

NOTICE! You may renew on-line with a credit card by going to www.pels.arkansas.gov

Please select the following options that are applicable:

- Our firm requests to change our name to:** _____
- Our firm requests our license be renewed.** For each type of service selected below, Enter the Name, Title, Arkansas License # and Expiration date of the PE and/or PS who is in good standing (either active or exempt status) who shall be in responsible charge of the Arkansas engineering and/or surveying services of the firm.
 - Engineering**

P.E. Licensee Name	Title	AR P.E. Lic. #	Exp. Date
_____	_____	_____	_____
 - Surveying**

P.S. Licensee Name	Title	AR P.S. Lic. #	Exp. Date
_____	_____	_____	_____
- Our firm requests our license be placed in a Non-Renewed Status.** This form is being returned without fees and removes our name from future mailings.

CERTIFICATION – As the Responsible Professional Designated as acting on behalf of the firm, I certify that I have read and agree to abide and be bound by, The Acts of Arkansas and Rules of the Board and that any violation of the above could be a basis for revocation of our COA license.

Responsible Professional Signature: _____ **Date:** ____/____/____

BOARD USE ONLY: Receiver Initials: _____
Date Received: _____

Applicant Type: Firm Other Payment received
Type Payment: Cashier's Check Company Check
 Money Order Personal Check Temp Check
Payment Identifier: _____
Total Payment: \$100 \$150 \$200
Receipt Type(s): Renewal Fee – COA \$100.00
Renewal Fee – COA – Late (1-60 days) \$ 50.00
Renewal Fee – COA – Late (61+ days) \$100.00