

**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

**07/01/2024 – 06/30/2026 Renewal Notice for
Surveyor Intern – License Ends with Even Number**

YOUR LICENSE WILL EXPIRE JUNE 30, 2024

Surveyor Intern Renewal Fee:
\$10.00 – If postmarked prior to June 30

To avoid a lapsed license, this completed form and payment (payable to PELS Fund) MUST BE POSTMARKED NO LATER THAN JUNE 30. Write your license number on your payment.

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

\$15.00 – July 1 to Aug. 31, 2024
\$20.00 – September 1 to June 30, 2026
NOTICE renew online and your renewal is processed within 24 hours compared to the 1-2 weeks that a paper copy requires.

Name: _____ SI # _____
Address: _____
City: _____ State: _____ Zip+4: _____ - _____

Same as above Change Address to (check one): Home: Other: School: Work:

If Other or School enter Name: _____
If Work, enter Company Name: _____

Address: _____ 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

Answer the following 3 questions – provide copies of orders, pleadings, and/or correspondence as supporting documentation for any affirmative answer:

1. Are there any complaints or enforcement actions pending against you by another licensing board? YES: ___ NO: ___
2. Have you ever been disciplined by another Board(s) which resulted in enforcement actions? YES: ___ NO: ___
3. Have you ever been convicted of a felony or misdemeanor crime (other than traffic violations)? YES: ___ NO: ___

Select one of the following options:

- I request my license be renewed and my fee(s) are enclosed.
- I request my license be placed in a **Non-Renewed Status**. This form is being returned without fees and removes my name from future mailings.

CERTIFICATION – I acknowledge that any person who gives false evidence in the attempt to obtain licensure shall be subject to disciplinary action by the Board.

Printed Name: _____ Date: ____/____/____

Signature: _____ SI # _____

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

Applicant Type: Licensee Other Payment received
Type Payment: Cashier's Check Company Check
 Money Order Personal Check Temp Check
Payment Identifier: _____
Total Payment: \$10 \$15 \$20
Receipt Type(s): Renewal Fee – Surveyor Intern \$10.00
Renewal Fee – Surveyor Intern – Late (1-60 days) \$ 5.00
Renewal Fee – Surveyor Intern – Late (61+ days) \$10.00