

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

**2010 Renewal Notice for Engineer Intern
Even Numbered License**

| | | |
|------------------------|----------------------|---------|
| Board Use Only | | |
| Date Rec'd: | <input type="text"/> | |
| CA/MO/CC/TC/CS CK/PC # | # _____ | |
| \$5.00 | \$7.50 | \$10.00 |

EI #: _____
Name: _____
Address: _____

Current Firm: _____
If this Firm offers engineering and/or surveying services in Arkansas, the Firm must have a Certificate of Authorization (COA).

Preferred Mailing Address

Same as above (with zip +4)

Change: _____

Daytime phone: _____ Fax: _____
E-mail address: _____

YOUR LICENSE EXPIRES ON DECEMBER 31, 2009

Renewal Fees if postmarked prior to:
Dec 31, 2009 - \$5.00

**Renewal fee (including late penalty),
if post marked between:**
January 1, 2010 to February 28, 2010 – \$7.50
March 1, 2010 to December 31, 2010 – \$10.00

To avoid a lapsed license, this completed form and payment (payable to PELS Fund) MUST BE POSTMARKED NO LATER THAN DECEMBER 31, 2009. Please write your license number on your payment and allow 3 to 4 weeks for your paper renewal to be processed.

NOTICE a return envelope was not enclosed. Renew online and your renewal is processed within 24 hours compared to the 3-4 weeks that a paper copy requires. **Online renewal is available through June 30, 2010.**

As renewals are processed, the "Online Roster Search" expiration date on the website will be 31-Dec-10. Current contact information may also be verified online.

NOTICE! You may renew on-line (until June 30, 2010) with a credit card by going to www.arkansas.gov/pels

- I wish to renew my Engineer Intern license and my renewal fee is enclosed.
- I have received my original license as a Professional Engineer # _____ in the State of _____ and am returning this notice without a renewal fee.
- I do not wish to renew my Arkansas License. I am returning this form without renewal fee and request removal of my name from your active files.

Printed Name _____ *SSN# _____ -- _____ -- _____

Signature _____ EI # _____ Date _____

*According to Arkansas Law, and for the purpose of administering the State Child Support Program, provide your current social security number only if it has changed since January 1, 2009.