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

01/01/2023-12/31/2024 Renewal Notice for
Certificate of Authorization (COA)–License Ends in Even Number

<table>
<thead>
<tr>
<th>COA #:__________</th>
<th>Firm Name:__________________________________________________________</th>
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<tbody>
<tr>
<td></td>
<td>Address:________ State:____ Zip+4:____ - ______</td>
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<tr>
<td></td>
<td>City:____________ State:_____ Zip+4:____ - ______</td>
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<td>Date Received:______________</td>
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☐ 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: _____/____/_____