



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

07/01/2022 – 06/30/2024 Renewal Notice for
Surveyor Intern – License Ends with Even Number

YOUR LICENSE WILL EXPIRE JUNE 30, 2022

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

To avoid a lapsed license, this completed form and payment
(payload 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, 2022
\$20.00 – September 1 to June 30, 2024
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