APPLY AND SUBMIT PAYMENT ELECTRONICALLY ONLINE AT https://pelslicensing.arkansas.gov

PAPER APPLICATION INSTRUCTIONS FOR ENGINEER INTERN (EI) OR SURVEYOR INTERN (SI) LICENSE


- Your application will be considered: After all documents contained in this packet have been completed by the appropriate parties; and received and verified by Board staff. Applications needing Board action will be placed on the agenda of the next Board meeting. Meetings are held in January, March, May, July, September, and November.

DOCUMENTATION NEEDED –

1. Application – 2 pages typed.

2. Education Verification – Submit each degree to be considered as part of your qualifications. A transcript is required for non-engineering/surveying related degrees or additional courses you wish to be considered. NOTE: Surveyor applicants using non-surveying related degrees as a basis for qualifications must provide a transcript.

3. Exam Verification – Verification of exam(s) passed (outside of Arkansas), may be requested through your MyNCEES account or creating a MyNCEES account at https://account.ncees.org/.

4. Fees – $50 Application fee made Payable to PELS Fund. All fees shall be non-refundable unless waived by Board action and must be received before the application will be reviewed.

It is your responsibility to complete the forms as indicated and where applicable, forward to the appropriate parties.
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ENGINEER INTERN (EI) OR SURVEYOR INTERN (SI) LICENSE

Choose application type a. or b.:

a. Engineer Intern (EI) ☐

b. Surveyor Intern (SI) ☐

GENERAL INFORMATION

1. Name: First: _____________________ Mid: _____________________ Last: _____________________ Suffix: __________
   Previous name used (if applicable): ________________________

2. Social Security #: ______ – ______ – ______

3. Date of Birth: ______/______/______

4. Primary Phone: (_____)_______– _______ Ext: ________ Secondary Phone: (_____)______– ________ Ext: ________
   Fax: (_____)________– _________ E-Mail: ______________________@___________________

5. Address Type (check one): Home: ☐ Other: ☐ School: ☐ Work: ☐
   a. If Address Type is Other or School, enter Name: __________________________________
   b. If Address Type Work, enter Company Name: ____________________________________
   c. Address, suite/apt #: _____________________________________________ Bldg./Floor (if applicable): _________

6. Please indicate if you or your spouse is active duty military service or if you or your spouse is within one (1) year of discharge from active duty. (A.C.A. 17-1-106)

COLLEGE EDUCATION

<table>
<thead>
<tr>
<th>STATE</th>
<th>NAME (of institution)</th>
<th>FROM - TO</th>
<th>GRADUATION DATE (MM-YYYY)</th>
<th>DEGREE RECEIVED (i.e. BS, MS Other)</th>
<th>MAJOR (i.e. CE, ME)</th>
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Revised 5/8/2024
Application pg 2. Name: _____________________ Mid: _____________________ Last: _____________________ Suffix: ___________

EXAM INFORMATION - Test(s) Taken (complete all that apply):


CHARACTER ISSUES – Responses of “Yes” to questions 1 - 6 below must be explained on line 7.

1. Have you ever filed an application with this Board for any purpose (includes Engineer or Surveyor Intern)? No □ Yes □
2. Have you been denied Licensure in any State(s) or Territory(ies)?  No □ Yes □ State: ______ Date: _________
3. Have you ever been convicted of a crime (felony or misdemeanor, except traffic violation)? No □ Yes □
4. Have you ever been charged with a crime (felony or misdemeanor, except traffic violation), the disposition of which was other than by acquittal or dismissal?  No □ Yes □
5. Have you ever been disciplined by another licensing Board(s) that resulted in some type of enforcement action (such as probation, letter of caution, letter of reprimand, censure, monetary penalty, license revocation, etc.) regardless of whether the enforcement action was ordered or agreed to? No □ Yes □
6. Any disciplinary action, complaint or enforcement action pending against you by another licensing board? No □ Yes □
7. Affirmative answer explanations for questions 1 through 6 above: ____________________________________________
   ________________________________________________________________________________________________
   ________________________________________________________________________________________________

CERTIFICATION BY SIGNATURE – I do hereby certify that I have read the Rules of the Board and by submitting this application I agree to be bound by the Acts of Arkansas, Rules of the Board and that a violation of any of the above could be the basis for revocation of my license.

Signature ____________________________________________ Date: _____ / _____ / ______
Printed name: _________________________________________

Revised 5/8/2024
COLLEGE VERIFICATION:

Part A – Applicant, contact the Registrar’s Office regarding any processing fees, complete Part A and forward the form to them with a postage paid envelope addressed to PELS, PO Box 3750, Little Rock, AR 72203-3750.

Printed Name: First: _____________________ Mid: ______________ Last: ____________________ Suffix: ________
Previous names used (if applicable): ___________________________ SSN: XXX – XX— _______
Date of Birth: _____ / ____/ _____

I am applying for a license with the Arkansas State Board of Licensure for Professional Engineers and Professor Surveyors (hereinafter referred to as the "Board") and hereby authorize any individual, company or institution to furnish the Board or any of its employees with any information requested on or by this form or to answer any questions or inquiries from Board employees, and do hereby release the individual company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

Signature _______________________________________________ Date: _____/____/_____

College Attended: _______________________________________________. Dear Registrar, I attest to receiving the following Degrees and ask for your verification:

<table>
<thead>
<tr>
<th>Degree</th>
<th>Graduation Date</th>
<th>Major</th>
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Part B – Registrar, please check your records to verify the accuracy of educational record(s) stated above and complete the box below. Your cooperation in this matter is appreciated and the completed document may be emailed, faxed, or mailed to the address at the top of the form.

Registrar Completes:
Correct: ☐ If not, enter correction:______________________________
Registrar's name:__________________________________________
Registrar's signature:_______________________________________
Phone: (____)________– _________
Date: _____________________________________

Place college seal here

Revised 5/8/2024
BOARD VERIFICATION

TO: AR Board of Licensure For PE’s & PS’s
P.O. Box 3750
Little Rock, AR 72203-3750

VERIFYING BOARD:
P.O. Box 3750
Little Rock, AR 72203-3750

APPLICANT INSTRUCTIONS: contact the verifying Board(s) regarding any processing fees. Complete PART A: and PART B: I.1. LICENSURE, by selecting the license(s) you need verified, entering your license number(s), then forward the form to the Board(s).

PART A: Printed Name: First: ___________________ Mid: ____________ Last: __________________ Suffix: _____
SSN: XXX-XX-______ Date of Birth____/_____/_______ Phone: (_____)_____-________
Address: _________________________________ City: _____________________ State: ________ Zip: ________

PART B: Licensing Board/Entity, please complete the following then Email, fax, or mail the completed document to the address at the top of the form.

I. LICENSURE: THE ABOVE-NAMED PERSON:
   1. Is/was licensed as: Lic. Number Date Issued Valid Until Application Date:
      i. ( ) ENGINEER INTERN  _________  _____________  ___________  ___________  
      ii. ( ) PROFESSIONAL ENGINEER  _________  _____________  ___________  ___________  
      iii. ( ) SURVEYOR INTERN  _________  _____________  ___________  ___________  
      iv. ( ) PROFESSIONAL SURVEYOR  _________  _____________  ___________  ___________  
   2. Has this individual maintained continuous licensure? Yes ☐ No ☐ If no, please explain: ___________________

II. BASIS OF LICENSURE: Hours Score NCEES Discipline State Date
   1. ( ) EXAMINATION FE ______ _______ _______ _______ _______ 
      PE ______ _______ _______ _______ _______ 
      FS ______ _______ _______ _______ _______ 
      PS ______ _______ _______ _______ _______ 
      STATE SPECIFIC/OTHER: ____________________________________________
   2. ( ) FE/FS ACCEPTED FROM: ____________________________________________
   3. ( ) PE/PS ACCEPTED FROM: ____________________________________________
   4. ( ) Was the NCEES cut score Used? Yes ☐ No ☐ If no, please explain: __________________________
   5. ( ) Were veteran preference points applied to the score? No ☐ Yes ☐ If yes, please explain: __________________________

III. OTHER ISSUES – has applicant:
   1. Ever been denied licensure? No ☐ Yes ☐
   2. Had any past or has any pending disciplinary actions? No ☐ Yes ☐
   3. Please explain any “Yes” answers to questions 1-2 and provide supportive documentation: __________________________

IV. REMARKS: ________________________________________________________________

Place Board Seal Here
VERIFYING BOARD NAME: 
BY: _________________________________________
TITLE: ________________________________
DATE: _____/_____/_____

Revised 5/8/2024