



**STATE BOARD OF LICENSURE FOR PROFESSIONAL
ENGINEERS & PROFESSIONAL SURVEYORS**
P.O. BOX 3750
LITTLE ROCK, ARKANSAS 72203
623 Woodlane Dr., Little Rock, AR 72201
www.arkansas.gov/pels
Phone (501) 682-2824 Fax (501) 682-2827
e-mail: pelsboard@arkansas.gov



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

**PAPER APPLICATION INSTRUCTIONS – FIRM
CERTIFICATE OF AUTHORIZATION (COA)
NEW LICENSE, AMENDMENT, OR REINSTATEMENT**

- Licensure Laws and Board Rules may be viewed on our Rules/Laws/Standards webpage: <https://www.pels.arkansas.gov/rules-regs-standards/>.
 - Your application will be considered after the information contained in this packet has been processed 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.
1. **APPLICATION TYPE** – Select one:
 - New COA license (no prior license in Arkansas), further, select the service(s) the firm wishes to offer or provide;
 - Reinstatement – the COA license became non-renewed more than 2 years ago. Enter the COA license number and date the firm became non-renewed.
 - Amendment – an existing COA license changing its name or the PE/PS licensee designated as being in responsible charge of the engineering/surveying for the firm. Amendments need to be filed via email, fax or mail within thirty (30) days after the effective date of the change.
 2. **GENERAL INFORMATION** –
 1. Firm Name – Enter the name to be shown on the COA license
 2. Primary & Secondary Phone Numbers. If no Fax number is available write NA
 3. Doing Business As – applicable IF DIFFERENT THAN FIRM NAME
 4. Attention – whom should we contact regarding your COA
 5. Address Line 1 – enter MAILING ADDRESS and if applicable, the Suite Number
 - a. Address Line 2 – enter any additional mailing requirements (tower, Floor, Bldg etc).
 - b. City, State, Zip (obtain +4 at www.usps.com).
 - c. Country – Select either USA or Other. If other, enter Country and applicable Postal Code.
 6. E-Mail address – this will be used for all Board Correspondence to your firm, including renewal notices and Newsletter.
 3. **PRIMARY CONTACT** – Enter the name of the contact person.
 4. **RESPONSIBLE PROFESSIONAL ENGINEER (PE) AND/OR PROFESSIONAL SURVEYOR (PS) DESIGNATION** – For each type of service selected under APPLICATION TYPE [above], 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) and who shall be in responsible charge of the Arkansas engineering and/or surveying services of the firm.
 5. **CERTIFICATION** – Responsible PE and/or PS must sign.
 7. **FEE** – Submitted with your application and payable to PELS Fund:
 - **New COA Licensee:** \$150.00
 - **Reinstatement:** \$300.00 (\$100 reinstatement, \$200 dues/late penalties)
 - **Amendment:** No Charge



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**CERTIFICATE OF AUTHORIZATION (COA) – APPLICATION
FOR LICENSE, REINSTATEMENT, OR AMENDMENT**

APPLICATION TYPE:

- A. **Firm Type** – Select the service(s) your firm will be offering or providing:
 Dual – BOTH engineering and surveying
 Engineering
 Surveying
- B. **Reinstatement** – of existing Arkansas COA License #: _____ non-renewed since _____
- C. **Amendment** – to COA License #: _____ Name change (including DBA) Responsible professional(s)

GENERAL INFORMATION

- Firm Name: _____
- Primary Phone: (____) _____ – _____ Ext.: _____
Secondary Phone: (____) _____ – _____ Ext: _____ Fax: (____) _____ – _____
- Doing Business As (DBA - the trade or fictitious business name under which the business or operation is conducted and presented to the world): _____
- Attention: _____
- Address Line 1 (& Ste # if applicable): _____
a. Address Line 2 (Bldg/Floor if applicable): _____
b. Address: City: _____ State: _____ Zip+4: _____ – _____
c. Country: USA OR Other: Enter Country: _____ & Foreign Postal Code: _____
- E-Mail address for person receiving Board correspondence: _____ @ _____

PRIMARY CONTACT PERSON FOR THIS FIRM – Name: _____

RESPONSIBLE PROFESSIONAL ENGINEER DESIGNATION

Name Title, Arkansas PE License # Expiration Date

RESPONSIBLE ARKANSAS PROFESSIONAL SURVEYOR DESIGNATION

Name Title, Arkansas PS License # Expiration Date

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:** ____/____/____

<p>BOARD USE ONLY: Receiver Initials: _____ Applicant type: <input type="checkbox"/> Firm ID # _____ Reason for payment: <input type="checkbox"/> Mail in Payment from PELS – Firm <input type="checkbox"/> Paper Application and Payment receive <input type="checkbox"/> Other payment received: COA License # _____</p>	<p>Type Payment: <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Company Check <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Temp Check Payment Identifier: _____ Amount: \$ _____ Receipt Type(s): Application Fee – Certificate of Authorization \$150.00 Reinstatement – from Non-Renewed Status \$100.00 Renewal Fee – Certificate of Authorization \$100.00 Renewal Fee – Certificate of Authorization-Late (61+days) \$100.00</p>
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