

**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

**01/01/2025-12/31/2026 Renewal Notice for  
Certificate of Authorization (COA)–License Ends in Even Number**

**YOUR LICENSE WILL EXPIRE DECEMBER 31, 2024**

**Certificate of Authorization Renewal Fee:**  
\$100.00 – If postmarked prior to December 31

To avoid a lapsed license, this completed form and payment (payable to PELS Fund) **MUST BE POSTMARKED NO LATER THAN DECEMBER 31. Write your license type number on your payment.**

**IF NOT RENEWED, YOUR LICENSE WILL LAPSE AND  
RENEWAL FEES WILL INCREASE TO:**

\$150.00 – January 1 to February 28, 2025  
\$200.00 – March 1, 2025 to December 31, 2026

**NOTICE** renew online and your renewal is processed within 24 hours compared to the 1-2 weeks that a paper copy requires.

COA #: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_ – \_\_\_\_\_

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](http://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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**BOARD USE ONLY:** Receiver Initials: \_\_\_\_\_  
Date Received: \_\_\_\_\_

**Applicant Type:** Firm  Other Payment received  
**Type Payment:**  Cashier's Check  Company Check  
 Money Order  Personal Check  Temp Check  
**Payment Identifier:** \_\_\_\_\_  
**Total Payment:** \$100 \$150 \$200  
**Receipt Type(s):** Renewal Fee – COA \$100.00  
Renewal Fee – COA – Late (1-60 days) \$ 50.00  
Renewal Fee – COA – Late (61+ days) \$100.00