

**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

**01/01/2026-12/31/2027 Renewal Notice for
Certificate of Authorization (COA)–License Ends in Odd Number**

YOUR LICENSE WILL EXPIRE DECEMBER 31, 2025

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 AS FOLLOWS:
\$150.00 – January 1 to February 28, 2026
\$200.00 – March 1, 2026 to December 31, 2027

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

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