

BOARD OF PROFESSIONAL ENGINEERS & PROFESSIONAL LAND SURVEYORS
301 South Park Ave
PO Box 200513
Helena MT 59620
(406) 841-2300
Email: dlibsdpels@mt.gov
Website: www.engineer.mt.gov or www.landsurveyor.mt.gov

PROFESSIONAL ENGINEER or PROFESSIONAL LAND SURVEYOR ACTIVE RENEWAL APPLICATION

First, Middle and Last Name:

Preferred mailing address:

City, State and Zip code:

E-mail: _____

Has your address changed? ____

You must check at least one of the following and provide your license number:

I AM A MONTANA PROFESSIONAL ENGINEER License Number:

I AM A MONTANA PROFESSIONAL LAND SURVEYOR License Number:

Your Montana Professional Engineer or Professional Land Surveyor license will expire on June 30 of your license's expiration year.

NOTE: You can renew your license on-line at www.eBiz.mt.gov/pol or complete this form and submit it with a check or money order made payable to the Board of PELS. **Do not send cash.**

Renewal fee: \$100.00

Renewal Fee if Postmarked after June 30: \$200.00

In order to renew your Professional Engineer or Professional Land Surveyor license for the next two years:

1. You must answer the continuing education question; or select a CE exemption; or request Inactive status.
2. You must answer the disciplinary question at the bottom of the form. [Your renewal will be returned if left unanswered]
3. Return the signed renewal application and appropriate fee to the Board office postmarked by June 30.
4. Renewals postmarked after June 30 will be assessed a penalty fee of \$100.00, increasing the total amount due to \$200.00.
5. A renewal form returned to a licensee for any reason will be considered late if it is not re-submitted and postmarked by June 30.
6. You are required to have 30 PDH units [professional development hours] of continuing education completed every two years in order to renew your active license. A maximum of 15 PDH units may be carried forward into the subsequent renewal period. The Board will be conducting a random audit of licensees to ensure compliance. You will be notified in writing if you are among those selected. It is the responsibility of the licensee to maintain their own records of continuing education.

Yes I am aware of the continuing education requirement and hold myself responsible for fulfilling that requirement.

No I have not fulfilled the continuing education requirement.

CONTINUING EDUCATION EXEMPTIONS: I qualify for an exemption based on the following: [please select one]

I am a new licensee by exam or comity and this is my first renewal period. My initial license date is _____.

I am on temporary active duty status in the armed forces of the United States for a period of time exceeding 120 consecutive days.

I have a physical disability, illness or other extenuating circumstance. Supporting documentation must be provided and approved by the Board.

INACTIVE STATUS: I would like to place my license on Inactive status and have included the required correct renewal fee. My initials here _____ confirm my request to place my license on inactive status. To reactivate my license, I will be required to meet the requirements of ARM 24.183.2102.

HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST?

Yes If so, please attach copies of the document that initiated each action and all final orders. Section 37-1-105 MCA, requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation fo your license.

No

I declare under penalty of perjury that all statements are true and that a false statement may lead to license discipline.

Your Signature: _____

Date: _____