



BIENNIAL ACTIVE RENEWAL APPLICATION

Engineer-Surveyor

Renewal Fee: \$75.00

Renewal Fee after June 30: \$150.00

Licenses only renew on even-numbered years. You may renew online at <https://ebiz.mt.gov/pol> or complete this form and submit it to the Board of PELS.

License #: _____

Full Name: _____

Last

First

Middle

Mailing Address: _____ New Address? Yes _____ No _____

City, State, and ZIP Code: _____ Contact email address: _____

To renew your license for two years:

1. Mark that you attest to or are exempt from the requirement for continuing education.
2. Answer this disciplinary question: Have any legal or disciplinary actions been instituted against the business entity since your last renewal? Yes _____ No _____
If so, attach copies of the document(s) that initiated each action and all final orders to comply with 37-1-105 MCA.
3. Return the signed renewal application to the Board office postmarked by June 30th. Renewals postmarked after June 30th will be assessed the full cost of renewal and a late penalty fee, totaling \$150. Incomplete forms not returned prior to the renewal deadline are considered late and are subject to corresponding fees.

Continuing Education:

You are required to complete 30 Professional Development Hours (PDH) units every two years to remain in active status. 15 PDH units may be carried forward to a subsequent renewal period. The Board conducts random audits; if selected, you will be notified in writing. It is your sole responsibility to maintain records of your continuing education.

Continuing Education Exemptions:

I qualify for an exemption based on the following (select one):

This is my first renewal period and I am a new MT licensee. My initial license date is _____.

I am on temporary active-duty status in the armed forces of the United States for more than 120 consecutive days.

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

Inactive Status: I would like to update my license to Inactive Status. I understand that to reactivate my license, I will need to prove I meet the requirements of [ARM 24.183.2102](#).

Signature: _____ Date: _____

PO Box 200513 | 301 S Park, 4th Floor | Helena, MT 59620-0513

Phone: 406-444-6880 | Email: dlibsdpol@mt.gov | Website: www.engineer.mt.gov