Montana Department of LABOR & INDUSTRY

# BIENNIAL ACTIVE RENEWAL APPLICATION

## Professional Engineers & Professional Land Surveyors

**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 the Board of PELS.

License Type: Professional Engineer Professional Land Surveyor 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 you 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 State 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:_____

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