Montana Board of Professional Engineers and Professional Land Surveyors PO Box 200513

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E-MAIL: dlibsdhelp@.mt.gov
Website: www.engineer.mt.gov or www.landsurveyor.mt.gov

REACTIVATION OF INACTIVE LICENSE in accordance with <u>ARM 24.183.2102</u>

Full Name:		
Last	First	Middle
License Number:	E-mail:	Phone
Permanent Mailing Address	Street or PO Box #	 _
City & State	Zip	Country
Social Security Number	Foreig	gn ID Number
request consideration of that I have maintained years prior to requestin may require me to take and or land surveying e Also, enclosed is evide Development Hours (PD)	reactivation of my lical a current license in a sing conversion to active and pass the principle ence that I have obtaed to which is subject to	ined the required 30 Professional review and approval by the Board
		de certificates of attendance, proof of by transcripts, or any other means to
your last renewal? If so, p and all final orders. Section	lease attach copies of the on 37-1-105 MCA, require	ns been instituted against you since document that initiated each action es that you report this information. ands for denial or revocation of your
		Date
(Signature)		