Professional License Renewal
Nevada Board of Professional Engineers and Land Surveyors
1755 E Plumb Lane, Suite 258
Reno, NV 89502
775-688-1231

For license period: 1/1/21 to 12/31/22
“A-E” Licensees Only

License #: ____________________ Disc: ____________________

Make check payable to: Nevada Board of PE & LS

Write Name & Address ____________________

Date Due: January 1, 2021

Amount Due (Fee Schedule)

□ ACTIVE $100.00
□ INACTIVE $100.00
□ LATE FEE Add $100
□ RETIRED $0
□ WITHDRAW $0

No fees are due to retire or withdraw a license. You must sign back of form.

FEE REGULATIONS [ NRS 625.395 & NAC 625.410 ]

1. FEE SCHEDULE:

□ ACTIVE $100.00
□ INACTIVE $100.00
□ LATE FEE Add $100

Late fees have been waived due to COVID-19.

□ RETIRED $0
□ WITHDRAW $0

2. To verify our records, please write your CURRENT Home Address and Employer Information here, or write “Same as Above” (SaA) My “Preferred Mailing Address” is: Home ___ Work ___

Residence address: ____________________ Employer name & address:

Phone # ( ___ ) ____________________ Phone # ( ___ )

EMail Address: ____________________ EMail Address:

3. Statement of Compliance for Professional Development Hours (PDHs) [NAC 625.430]

You must check Active or Inactive below. License may become Inactive if PDHs are not reported correctly.

□ ACTIVE (Non-Resident but resident of a state with continuing education requirements) I am in compliance, or will comply within the next 180 days, with my state of residence continuing education requirements.

□ ACTIVE (Nevada Resident or Resident of a state without continuing education requirements) I have complied, or will comply within the next 180 days, with the Board’s continuing education requirement.

Nevada residents must enter their PDHs, 30 PDHs minimum

PDH documentation is not required unless requested.

PDH carryover from last renewal period (15 maximum) □ + PDHs completed for current period □ = Total PDHs = previous carryover + current (30 minimum) □

A + B = C

□ PDH carryover to next period excess of 30 (15 maximum)

□ INACTIVE I did not meet the 30 PDH continuing education requirement for this period.

➢ If you choose Inactive you must answer all questions, sign the back of this form, and submit payment shown in “Amount Due”.

□ Exempt I did not acquire the 30 PDHs of continuing education because of the following exemption pursuant to NAC 625.440.

➢ This is my first renewal (licensed less than 2 years).

Please complete the back of this form
1. Pursuant to NAC 625.430, I have reported only Professional Development Hours that are related to my practice and have judged them to meet the Board’s requirements. I am aware that my report may be audited by the Board and I will need documentation to support the PDHs reported—or I have chosen "Inactive" status because I have not obtained the required PDHs.

2. I certify with my signature that all information presented in this report is true and correct.

☐ I had a serious illness during this period.
☐ I served more than 120 days on active military duty during this period.
☐ I worked outside the United States for a minimum of 120 days this period.


[Renewals cannot be processed unless the forms are properly completed and signed.]

DISCIPLINARY DECLARATION
☐ NO, I have not been disciplined by any licensing jurisdiction within the past two years.
☐ YES, I have been disciplined by a licensing jurisdiction within the past two years. (If Yes, describe in full on an additional sheet and submit with this form.)

CHILD SUPPORT DECLARATION
In compliance with the Federal Welfare Reform Act and the Nevada State Welfare Division, the 1997 session of the Nevada Legislature enacted NRS 625.387. Nevada law requires that professional and occupational licensing agencies add specific questions regarding child support to applications for new licenses and license renewals. Failure to mark one of the boxes will result in denial of your renewal.

☐ I am not subject to a court order for payment of child support.

☐ I am subject to a court order for payment of child support for one or more children, and I am in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the order.

☐ I am subject to a court order for the support of one or more children, and I am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the order.

5. Are you a US military veteran or currently serving in the US military? Yes ☐ No ☐

NRS 417.0194(16) requires state regulatory bodies to request this information from licensees and applicants.

Affidavit (ACTIVE and INACTIVE licensees must sign here)

1. Pursuant to NAC 625.430, I have reported only Professional Development Hours that are related to my practice and have judged them to meet the Board’s requirements. I am aware that my report may be audited by the Board and I will need documentation to support the PDHs reported—or I have chosen "Inactive" status because I have not obtained the required PDHs.

2. I certify with my signature that all information presented in this report is true and correct.

Signature ____________________________ Date ____________________________

There is no box to check, but there is a space to sign and date your request to Retire or Withdraw your license.

To “Retire or Withdraw” your license please sign and date:

This statement is to confirm my request to Retire or Withdraw my Nevada license.

Signature ____________________________ Date ____________________________

Please contact us if you have questions about your renewal status.

Phone: (775) 688-1231  FAX: (775) 688-2991  Email: board@boe.state.nv.us