

Professional License Renewal

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

This Space for Office Use Only

Date received:

Check # _____

Amount \$ _____

1. FEE SCHEDULE:

- ACTIVE \$100.00**
Additional Discipline \$50.00
- INACTIVE \$100.00**
Additional Discipline \$50.00
- ~~LATE FEE Add \$100~~
WAIVED

Late fees have been waived due to COVID-19.

- 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]

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

Date Due:
January 1, 2021

License #: _____ Discipline: _____

Amount Due
(Fee Schedule)

Make check payable to: Nevada Board of PE & LS

Write
Name &
Address
→

[Empty box for Name & Address]

\$ _____

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 # ()

E-Mail Address:

E-Mail 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.

↓↓ Write PDH totals in the boxes below ↓ ↓ ↓ Write PDH totals in the boxes below ↓ ↓

PDH carryover from last renewal period (15 maximum)

[Box A]

+

PDHs completed for current period

[Box B]

=

Total PDHs = previous carryover + current (30 minimum)

[Box C]

PDH carryover to next period excess of 30 15 maximum)

[Box D]

A

B

A + B = C

C

- 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

- 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.

4. Disciplinary & Child Support Declarations: Mark selections and sign the signature block.
 [Renewals cannot be processed unless the forms are properly completed and signed.]

Check one box

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.

Check one box

- 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

Sign &
 date
 here

➔ 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