



Professional License Renewal

For license period:
7/1/2025 to 6/30/2027
Last names F-K

Date Due:
June 30, 2025

1. License Information

First and Last Name

License #:

Discipline(s):

2. Contact Information

To verify our records, please enter your **CURRENT** home address and employer information here.

Personal Information	<input type="checkbox"/> Preferred mailing address
Address:	
City, State, Zip	
Phone: ()	
Email:	

Employer Information	<input type="checkbox"/> Preferred mailing address
Company Name:	
Address:	
City, State, Zip:	
Phone: ()	
Email:	

3. Fees

- Active - \$100**
Each additional discipline \$50
- Inactive - \$100**
Each additional discipline \$50
- Late Fee - \$100**
Add \$100 to renewals submitted more than 7 days after the due date
- 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)

Enter Total

Make check payable to **NVBPELS**.
See address on back.

4. 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. **Do not send PDH documentation now.**

Active - PDH Reporting Required

I am a Nevada resident or a resident of another state that does not require continuing education.

Enter PDH totals in the boxes below. Box C must equal minimum of 30.

Carryover last renewal period (15 maximum)	A	+	Current current renewal period	B	=	Total PDH Carryover + Current (30 minimum)	C	Carryover to Next PDH carryover to next period in excess of 30 (15 maximum)	<input type="text"/>
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Active - PDH Reporting NOT Required

I am a resident of another state whose continuing education requirements are substantially equivalent to those in Nevada.

Inactive

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

Exempt

I am exempt from the 30 PDH requirement because of the following:

- This is my first renewal (licensed less than 2 years).
- I served more than 120 days active military duty during this period.
- I had a serious illness during this period.
- I worked outside the US for a minimum of 120 days this period.

5. Declarations

Mark selections and sign the signature block. (Renewals will not be accepted 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 any licensing jurisdiction within the past two years.

(If Yes, describe disposition on an additional sheet and submit with this form.)

Criminal Conviction Declaration

Since your last license renewal (or application approval if this is your first license renewal), have you been convicted of a gross misdemeanor or felony?

- YES NO

(If Yes, describe disposition 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. This requires that all professional and occupational licensing agencies add specific questions regarding child support to all applications for new licenses and license renewals.

- 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 payment of child support 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

6. Are you a military veteran or currently serving in the US military?

- YES NO

Affidavit (All ACTIVE and INACTIVE licensees must sign here)

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

Signature

Date

Sign here if you selected "Retired or Withdraw" status:

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

Signature

Date

Nevada Board of Professional Engineers & Land Surveyors

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Office use only

Date received:

Check #:

Amount \$: