

JOINT BOARD OF LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE

57 Regional Drive
Concord, N.H. 03301-8518

LOUISE LAVERTU
EXECUTIVE DIRECTOR

PROFESSIONAL ENGINEERS
ARCHITECTS
LAND SURVEYORS
FORESTERS
PROFESSIONAL GEOLOGISTS
NATURAL SCIENTISTS
LANDSCAPE ARCHITECTS
COURT REPORTERS
HOME INSPECTORS

Telephone 603-271-2219
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PROFESSIONAL ENGINEER
RENEWAL NOTICE

Our records indicate that your birthmonth is **December**; therefore, your renewal & fee is now due.

The renewal fee is **\$150.00** for the following two years and is payable on or before **December 31, 2009**. Please make check payable to: **Treasurer, State of NH** and submit with the completed form below. If you do not wish to renew your license, please check the space provided, so that we may update our records. The Board shall charge a late fee of **\$30.00** for each month or fraction of a month the renewal is late, up to 12 months, **in addition to the renewal fee**.

Amount enclosed \$_____ You may renew on-line at <https://nhlicenses2.nh.gov/professional/>

NAME _____ **PE#** _____

HOME ADDRESS _____

_____ **HOME PHONE** _____

BUSINESS NAME & ADDRESS _____

_____ **WORK PHONE** _____

(Please Circle Mailing Address)

EMAIL ADDRESS _____

- \$150.00 -Yes, I do wish to renew** **No, I do not wish to renew.**
- \$30.00 - Retired Status:** I am no longer receiving remuneration for professional engineering services.
- If age 70 or older - The fee is waived if:** 70 years of age or older at time of renewal, and has held an engineering license continuously in NH for the 10 years immediately preceding the renewal.
- First Time Renewal** – No PDH’s due. *Do not submit PDH log.*
- I wish to be informed of all proposed Administrative Rule changes.** I understand I will be assessed a nominal fee for copying and postage.

- CHECK ONE:** YES NO
1. Have there been any legal judgments decided against you or your firm
regarding your professional engineering activities?
2. Have you ever had any disciplinary action brought against you by any Board or
Jurisdiction?

If yes, include complete details and submit on additional sheet.

RULES OF PROFESSIONAL CONDUCT:

I certify to the best of my understanding, knowledge and belief that I have adhered to and agree to abide by the ethical and professional standards of New Hampshire Code of Administrative Rules Eng 500; and

CONTINUING PROFESSIONAL DEVELOPMENT:

I attest that the information contained in this form and the attached continuing professional development activity log is true and correct to the best of my knowledge and belief and complies with the minimum of 30 professional development hours of approved professional development hours required by Eng 403.01 (b). I further acknowledge that the provision of false information in the application is a basis for disciplinary action by the board:

SIGN HERE  _____
Signature

PDH ACTIVITY LOG INSTRUCTIONS

You must complete the attached continuing professional development activity log and **submit it to the Board** with your completed renewal form. The Board requires no other documentation at this time. The Board will conduct random audits to ensure compliance with continuing professional development requirements. If you are selected for an audit, you will be required to provide documentation of all activities claimed for continuing professional development credit.

It is important that a sufficient title/description be provided to identify the activity. You must provide the name of the sponsoring organization, the location, date, PDH's claimed for the activity and cumulative PDH's for the renewal period. **Incomplete activity logs will result in return of your renewal and delay in processing of the renewal of your license.**

*Find us on the world wide web at www.state.nh.us/jtboard/home.htm
Renew on-line at <https://nhlicenses2.nh.gov/professional/>*

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Transaction Type: _____ Amount Due: _____

Card Type: (please circle one) Visa Mastercard **(required)**

Card Number: _____ **(required)**

Expiration Date: Month: _____ Year: _____ **(required)**

Billing Name and Address (your billing address must match the address associated with the credit card you are using.)

Name on Card: _____

Billing Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Authorization Signature: _____