

**JOINT BOARD OF LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE**

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

Telephone 603-271-2219 • Fax 603-271-6990

Professional Engineers
Architects
Land Surveyors
Professional Geologists
Foresters
Real Estate Appraisers
Manufactured Housing Installers

Louise Lavertu • Executive Director

Natural Scientists
Landscape Architects
Court Reporters
Home Inspectors
Accountancy
Manufactured Housing Parks



PROFESSIONAL ENGINEER RENEWAL FORM

Part I. LICENSEE INFORMATION	
LICENSE EXPIRATION DATE _____	AMOUNT DUE _____
NAME _____	PE LICENSE # _____
<input type="checkbox"/> HOME ADDRESS _____	HOME PHONE _____
<input type="checkbox"/> BUSINESS NAME & ADDRESS _____	WORK PHONE _____
Indicate mailing address by check box	EMAIL ADDRESS _____

Part II. FEE SCHEDULE	CRITERIA	PAYMENT INFORMATION
<input type="checkbox"/> Renewal Fee \$150.00	Payable by last day of the month of licensee's birth.	Make check payable to "Treasurer, State of New Hampshire" OR use the enclosed credit card sheet
<input type="checkbox"/> Late fee \$30.00 per month	Include \$30.00 per month or fraction of a month the renewal is late.	
<input type="checkbox"/> \$30.00 - Retired Status	No longer receiving remuneration for professional engineering services; honorary status only.	
<input type="checkbox"/> Age 70 or older – Fee waived	<u>70 years</u> of age or older at time of renewal, and has held an engineering license <u>continuously in NH</u> for the 10 years immediately preceding renewal.	
<input type="checkbox"/> First Time Renewal	No PDH's. Do not submit PDH log.	

PART III. QUESTIONS	Include an explanation if "yes"	YES	NO
1. Have there been any legal judgments decided against you or your firm regarding your professional engineering activities?		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had any disciplinary action brought against you by any Board or Jurisdiction?		<input type="checkbox"/>	<input type="checkbox"/>

PART IV. CERTIFICATION

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 _____ DATE: _____

I wish to be informed of all proposed Administrative Rule changes. I will be assessed a nominal fee for copying and postage

Renew on-line at <https://nhlicenses2.nh.gov/professional/>
Find us on-line at www.nh.gov/jtboard/home.htm

Credit Card Sheets are not accepted via e-mail.

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 select one) <input type="checkbox"/> Visa <input type="checkbox"/> 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 :			

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