



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF TECHNICAL PROFESSIONS

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JOSEPH G. SHOEMAKER
Director
DAVID L. GRASSO
Executive Director



PROFESSIONAL ENGINEER RENEWAL FORM

Part I. LICENSEE INFORMATION

LICENSE EXPIRATION DATE _____ AMOUNT DUE _____
 NAME _____ PE LICENSE # _____
 HOME ADDRESS _____ HOME PHONE _____
 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. No PDH Log required	
<input type="checkbox"/> Age 70 or older – Fee Waived, PDH log required	70 years of age or older at time of renewal, has held an engineering license without paying late fees for the 10 years immediately preceding renewal	
<input type="checkbox"/> First Time Renewal	No PDH's. <i>Do not submit PDH log.</i>	

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: _____

Renew on-line at <https://nhlicenses2.nh.gov/professional/>
 find us online at <https://www.oplc.nh.gov/engineers/index.htm>
 or contact Christine.horne@oplc.nh.gov or marla.pike@oplc.nh.gov

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.)			
Profession:		License #	
Licensee Name:			
Name on Card:			
Billing Address:			
City:		State/Province:	
Zip/Postal Code:		Country:	
Authorization Signature :			

CONFIDENTIAL