



670 Hawthorne Avenue, SE  
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Salem, Oregon 97301

tel. 503.362.2666  
email: [osbeels@osbeels.org](mailto:osbeels@osbeels.org)  
Web: [www.oregon.gov/osbeels](http://www.oregon.gov/osbeels)

## ***Request for Retirement*** **for Professional Engineers, Professional Land Surveyors, Photogrammetrists and Certified Water Right Examiners**

The following instructions are provided to assist in completing the Request for Retirement form.

PLEASE READ the applicable Oregon Revised Statutes (ORS) and the Oregon Administrative Rules (OAR). To locate the ORSs and the OARs, visit our Web site at [www.oregon.gov/osbeels](http://www.oregon.gov/osbeels). Click on the "Revised Statutes" link for the ORSs. Click on the "Administrative Rules" link for the OARs.

PLEASE NOTE: It is the registrant's responsibility to submit all documentation required. Failure to properly complete the form may result in a delay of processing.

It is the registrant's responsibility for reviewing these requirements when requesting to retire a certificate of registration as a professional engineer (PE), professional land surveyor (PLS), professional photogrammetrist (RPP), and/or certification as a water right examiner (CWRE).

### **Who Should Fill Out the Request for Retirement form?**

Registrants who want to request to place their registration(s) as a PE, PLS, RPP, and/or CWRE certificate into the retirement status.

Registrants who are placed into the retirement status may not practice engineering, land surveying, and/or photogrammetric mapping, as applicable. If a registrant also holds a certification as a CWRE, a request to place their CWRE certificate into the retirement status is required.

See the following ORS and OAR for detailed information (PE, PLS, and/or RPP): ORS 672.180 and OAR 820-010-0520.

See the following ORS and OARs for detailed information (CWRE): OAR 690-014-0050, OAR 820-010-0235, and OAR 820-010-0520.

### **How Requests are Processed**

Requests will be processed according to the date received by the OSBEELS office.

### **GENERAL INSTRUCTIONS**

Step 1: Complete the form(s) and sign it in the presence of a notary public.

Step 2: Gather completed form(s) and put together in a single package for mailing.

Step 3: Send form(s) to the Oregon State Board of Examiners for Engineering and Land Surveying (OSBEELS):

OSBEELS  
670 Hawthorne Avenue, SE  
Suite 220  
Salem, OR 97301

Step 4: If correspondence has not been received from the OSBEELS within 60 days of submittal, please contact us.



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FOR ENGINEERING &  
LAND SURVEYING

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Office Use Only - Date Received:

Office Use Only -  
Date Entered:

Office Use Only - ID # .....

## Request for Retirement Status: PE/PLS/RPP

### Registrant Contact Information

First name (personal name) Middle name or initial Last name (family name)

Home/Personal phone # Home email address Birth date (Mo/Day/Yr)

Mailing address (include any apartment number or suite number)

City State or Province Zip/Postal code Country

Registered to practice:  PE  PLS  RPP Registration number(s):

I request to place my registration(s) to practice into retirement status.

I understand that by placing my registration(s) in the retirement status, as defined in the Oregon Administrative Rule (OAR) 820-010-0520, I am no longer authorized to engage in the professional practice of engineering, land surveying, and/or photogrammetric mapping as defined in the Oregon Revised Statute (ORS), Chapter 672.

I understand that I have a period of 5 years from the date of my request to place my registration(s) into the active status in accordance with the ORS 672.180 and OAR 820-010-0520.

Signature Date (Mo/Day/Yr)

## Notary Use

### Certificate

State of: Place Official Seal below

County of:

Signed or attested before me on \_\_\_\_\_, 20 \_\_\_\_

by \_\_\_\_\_

Signature

Notary Public, State of



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## Request for Retirement Status: CWRE

### Registrant Contact Information

First name (personal name)	Middle name or initial	Last name (family name)	
Home/Personal phone #	Home email address	Birth date (Mo/Day/Yr)	
Mailing address (include any apartment number or suite number)			
City	State or Province	Zip/Postal code	Country
Certified to practice: <input type="checkbox"/> CWRE		Certificate number:	

I request to place my certificate to practice into retirement status.

I am no longer authorized to engage in the professional activities of a certified water right examiner (CWRE) as defined in the Oregon Revised Statute (ORS), Chapter 537 and the Oregon Administrative Rules (OAR), Chapter 820 and Chapter 690.

I understand that I have a period of 5 years from the date of my request to place my certification into the active status in accordance with the ORS 672.180 and OARs 820-010-0235 and 820-010-0520.

Signature	Date (Mo/Day/Yr)
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## Notary Use

Certificate	
State of:	Place Official Seal below
County of:	
Signed or attested before me on _____, 20 ____	
by _____	
Signature	
Notary Public, State of	