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Effective July 2019

Instructions for Filling Out **Renewal Form**

NOTE: Registrants who have been delinquent for more than five years must apply for a new certificate of registration, under the qualification laws and rules that are in place at the time the new application is submitted.

As provided in OAR 820-010-0505, registration as a professional engineer, professional land surveyor, professional photogrammetrist, or certified water right examiner with the Board is on a biennial renewal schedule. As a condition of registration renewal, registrants must comply with the continuing professional development requirements in OAR 820-010-0635.

A delinquent fee of \$80.00 will be assessed on the first day following the expiration date of each registration or certification, for each biennial renewal period in which payment or certification of completing the required continuing professional development hours on the CPD Organizational Form is not submitted.

As provided in OAR 820-010-0520, a delinquent registrant must satisfy and submit proof of completion of all delinquent PDH units, at a rate of 15 PDH units per year delinquent.

As provided in the Oregon Administrative Rule (OAR) 820-020-0050, registrants and certificate holders are required to notify the Board in writing within 30 days of any name change, and/or address change, including any change of an email address. Not sure if your registration(s) or certification is current? Visit the OSBEELS website at oregon.gov/osbeels and click on the "Find A Licensee" link to confirm your status.

Biennial Renewal Schedule

Last name begins with A-F: December, of odd years	Last name begins with G-K: June, of odd years
Last name begins with L-R: December, of even years	Last name begins with S-Z: June, of even years

Renewal Fees

General Instructions		
Step 1	Complete forms. a. Complete the Renewal Form; and b. Complete the Continuing Professional Development (CPD) Organizational Form. Certificates of Completion are not required at the time of renewal, but are required when requested to participate in an audit of Continuing Education	
Step 2	Gather completed forms and put together in a single package for mailing.	
Step 3	Send package, including payment to:	
	OSBEELS 670 Hawthorne Avenue SE, Suite 220 Salem, OR 97301	
Step 4	If correspondence has not been received from OSBEELS within 60 days of submittal, contact us.	



If you wish to update your home or business address on file with the Board office, include the new address on this form.

Section A: Registrant Inf	ormation			
First Name	Middle Name or Initial		Last Name	
Social Security Number*	Registration Number	Birth Date (M/D/Y)	Address to mail correspo	ondence to
			☐ Home ☐ Business	
*If you have a Social Security Nu	mber, Oregon law requires tha	t it be used. If you dor	n't have a Social Security Nu	mber, use Section D.
Home Address (include any unit number)		Home Phone		
City	State / Province	Zip / Postal Code	Home Email	
Business Name		Business Phone		
Business Address (include any suite number)		Business Email		
City	State / Province	Zip / Postal Code	Business Fax	
Section B: Disciplinary A	ctions			
In the past two years, have you	had any criminal convictions i	relating to your profes	ssion?	☐ Yes ☐ No
In the past two years have you l registration denied, revoked, su restriction or disciplinary action	spended, surrendered, stipul			Yes No
If the answer is "yes" to any of the including but not limited to, find sentencing records, as applicably required to bent confidential by	l orders, letters of reprimand, le. All information provided wi	stipulations, settleme	ent agreements, or criminal	conviction and



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Section C: Social Security Guidelines

As part of your application for an initial or renewed occupational, professional or recreational license, certification, or registration issued by OSBEELS, you are required to provide your Social Security number. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC § 666 (a) (13). Failure to provide your Social Security number, if you have one, will be a basis to refuse to issue or renew the license, certification, or registration you seek. Additionally, as a state agency, OSBEELS may use your Social Security number for the purpose of debt collection, pursuant to ORS 293.226(4). This record of your Social Security number will be used for child support enforcement, tax administration purposes (including identification), and collection actions only, unless you authorize other uses of the number. Although a number other than your Social Security number appears on the face of the licenses, certificates, or registrations issued by OSBEELS, your Social Security number will remain on file with OSBEELS.

By providing the following signature, you are agreeing to comply with the guidelines listed above.					
Signature	Signature Date (M/D/Y)				
Section D: Attestation and Request for Exemption from Social Security Number Requirement					
I, attest and certify that I have not been assigned a U.S. Social Security number, and agree that if a U.S. Social Security Number is assigned to me, I will report it to the Oregon State Board of Examiners within 30 days. I understand that, under Oregon law, providing false information is grounds for denial, suspension, or revocation of registration issued by the Oregon State Board of Examiners for Engineering and Land Surveying.					
Signature	Signature Date (M/D/Y)				



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Check the applicable box and enclose the appropriate amount for each request						
Active registration renewal PE PLS RPP CWRE I have attached the CPD Organizational Form	PE biennial registration renewal: \$230 PLS biennial registration renewal: \$230 RPP biennial registration renewal: \$230 CWRE biennial registration renewal: \$80 Renewal fees effective Sepember 2021					
I certify that I have completed the required professional de	velopment hour (PDH) units in accordance wi	th the applicable OARs.			
Signature		Signature Date (M/D/Y)				
Deliquency fee per registration renewal: \$80 per profession						
Select payment method (select one)						
Check or Money Order (payable to OSBEELS)		Amount Enclosed:				
Debit or Credit Card (Visa, Mastercard, Discover, AmEx)		Total charged:				
Card Number	Exp. Date	Security Code*	Billing Zip			
Signature (serves as payment authorization)	Date (M/D/Y)					
Indicate how you would like to receive the OSBEELS newsletter, <i>The Oregon Examiner</i>						
☐ Home Address ☐ Home Email ☐ Business Address ☐ Business Email ☐ None						

* Debit or Credit Card Security Codes

If submitting a payment to the OSBEELS for fees by debit or credit card, please provide the security code. These codes are a security feature that appears on the back of most Visa, MasterCard, and Discover cards, and on the front of American Express cards. This code is a three or four-digit number which provides a cryptographic check on the information embossed on the card.

American Express Card Users: Look for the 4-digit code printed on the front of the card just above and to the right of the main card number. This 4-digit code is the card security code. Visa, MasterCard, and Discover Card Users: Flip the card over and look at the signature box. A special 3-digit code will be located in the signature box. This 3-digit code is the card security code.