

2020 LICENSE RENEWAL FORMCOMPLETE, SIGN, DATE AND RETURN WITH RENEWAL FEE TO:
P.O. Box 25101 ♦ SANTA FE, NEW MEXICO 87504

Name: _____ License No(s): _____

PDH REPORTING (Please fill in correct boxes to the right.)	PE	PS
PDHs SUBMITTING FOR 2019-2020:		
2 Hours in Ethics Courses Required for 2019-2020		
PDH CARRYOVER FROM 2017-2018:		
GRAND PDH TOTAL:		

For Office Use Only
Date Received: _____

Check # _____

MO # _____

Amount: \$ _____

Receipt
_____*Please check the box to indicate which your preferred mailing address is, this address will appear on the website roster.*☐ Mailing Address☐ Employment Address

Telephone: _____ Fax: _____

Email Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Fee & Renewal Form Due in Office by DECEMBER 31, 2020If your license renewal form is not submitted by December 31st, the license is considered expired and the licensee must immediately **refrain** from practice effective January 1st.**From the date of your last renewal**, have you been convicted or entered a plea of nolo contendere to any crime under the laws of the United States, or any state, territory or county thereof, which is a felony, misdemeanor or otherwise?☐ Yes ☐ No (If yes, provide details, for example: date(s) of crime, charges, court order/decision, record(s) of judgment...etc.)

Within the last 2 years, have you been disciplined, or had your license revoked, by any licensing board?

☐ Yes ☐ No (If yes, provide details, for example: date(s) of violation, board findings, final action...etc.)

I have read the Practice Act §§ 61-23-1 through 61-23-36 NMSA (2019) and rules (Title 16.39.1 through 16.39.8 NMAC). If you are a surveyor, you must also have read the Minimum Standards for Surveying in New Mexico (Title 12.8.2 NMAC).

* ☐ Yes ☐ No * A copy of the statutes and rules can be accessed at www.sblpes.state.nm.us**EXEMPTION REQUEST** (for current registration period only) [Pursuant to Title 16.39.2.8 G NMAC]

- ☐ New licensee within 12 months > Please provide license issue date: ____/____/____ (1.25 PDH per month required after exemption)
- ☐ Active Duty Military Service (Call-up in excess of 120 days) > Attach necessary documentation.
- ☐ Physical Disability > Requires approval by the Board. To apply for Medical Exemption, please contact the board office.
- ☐ Retired or Inactive Status > Inactive Status must be requested prior to licensure expiration date. Status requires board approval. (Application available on our website.)

PROFESSIONAL DEVELOPMENT AFFIDAVIT

I affirm under the penalties of perjury that I understand and have answered the questions truthfully to the best of my knowledge.

I hereby certify that I have met the exemption request requirements [above] or have achieved the minimum required hours per biennium [please complete information in the box above for proper carryover credit] of professional development training pursuant to 16.39.2 NMAC as follows:

- a) **Professional Engineer** – that specialty of engineering that I am practicing, b) **Professional Surveyor** – professional surveying, or
- c) **As a dual licensee** – half of the PDH units shall be in each profession.

Signature: _____ Date: _____

(Signature **MUST** be in any color other than black – **MUST BE ORIGINAL – NO ELECTRONIC, DIGITAL, OR PHOTOCOPIES**)
[Falsification of signature is subject to disciplinary action.]PE License only \$155.00 ☐ – PS License only \$155.00 ☐ – Dual Licenses \$310.00 ☐RENEWAL FEE PAYMENT METHOD: ☐ Check ☐ Money Order

(Make Check or Money Order payable to: NMBLPEPS)

Faxed forms are not acceptable. Renewal form must be submitted with payment, or will be returned. Renewal Fees are Non-Refundable.
61-23-20, NMSA 1978 mandates, "D. Each licensee shall have the responsibility to notify the Board of any change of address."