



# Louisiana Professional Engineering and Land Surveying Board

## Waiver Request Form

(For firms which have in their name the word(s), or any derivative thereof, “engineering” or “surveying”)

**LAC Title 46:LXI§2301(b)(1) A firm which has in its title the word *engineering* or *surveying* or any derivative thereof shall be construed to be offering to provide professional services and therefore must be licensed with the board before doing business in the state of Louisiana, unless it has in its title modifying or explanatory words which would, in their ordinary meaning, negate the inference of the professional practice of engineering or land surveying.**

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Date of Request:

Please provide the information requested below and submit this form via fax at 225-925-6292 or via email by clicking the “Submit” button at the bottom of this form. **LAPELS does not accept handwritten forms.** If you have any questions they may be directed to Latasha in the Compliance Division by email at [latasha@lapels.com](mailto:latasha@lapels.com) or by phone at 225-925-6291 ext. 204.

1. Firm Name:
2. Type of Firm     Engineering     Land Surveying     Engineering and Land Surveying
3. Mailing Address:  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_
5. Fax Number: \_\_\_\_\_
6. Supervising Professional’s Name (PE): \_\_\_\_\_
7. Supervising Professional’s Louisiana License Number (PE): \_\_\_\_\_
8. Supervising Professional’s Name (PLS): \_\_\_\_\_
9. Supervising Professional’s Louisiana License Number (PLS): \_\_\_\_\_
10. Brief description of services to be provided by firm in Louisiana: \_\_\_\_\_

***“Pursuant to La. R.S. 37:689(B), within thirty (30) days of receiving from the Louisiana Secretary of State your Certificate of Authority/Incorporation to transact business in Louisiana, you must apply for, and receive from the Board, a license prior to offering professional engineering or land surveying services in Louisiana.”***

I certify that the information above is true and correct.

Signature

Print Name

Date

Contact Name

Contact Email

Upon completion, click the submit button below to transmit form to LAPELS via email.