

**If the requested information below is incomplete and/or fee(s) mailed separately, your renewal WILL BE RETURNED.**



**Louisiana Professional Engineering  
and Land Surveying Board**  
9643 Brookline Avenue, Suite 121  
Baton Rouge, LA 70809  
Tax ID 72-6001723  
Phone: (225) 925-6291  
[www.lapels.com](http://www.lapels.com)

**Office use only:** Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

**CERTIFICATION RENEWAL INVOICE**  
**Engineer Interns and Land Surveyor Interns**

**Part II - Certificate & Contact Information:**

Invoice Date: August 1, 2019

Renewal Deadline: **September 30, 2019**

Biennial Period: **10/01/2019 - 09/30/2021**

Certification Type: \_\_\_\_\_ Certification #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Ext. \_\_\_\_\_

Phone 2: \_\_\_\_\_ Ext. \_\_\_\_\_

**Part I - Name & Mailing Address:**

Renewal invoice and payment **MUST** be postmarked by **September 30, 2019** to avoid a late fee

**Part III - Status Indicator:**

I wish to renew my certification status as:

**Part IV - Violations:**

1. \_\_\_\_\_ been **(a)** subject to disciplinary action by the licensing authority in another jurisdiction, or **(b)** convicted, or entered a plea of guilty or nolo contendere of any crime (other than traffic violations) since my last renewal.
2. If yes, list the jurisdiction(s) in which you were disciplined, or convicted or entered a plea of guilty or nolo contendere, and provide details. Include additional pages if necessary.

**Part V - Journal & Privacy Option:**

1. I would like to receive the *Louisiana Engineer & Land Surveyor Journal* via Email:
2. Do you want your email address(es) and telephone number(s), which you have provided to us, to be kept private and not made available to vendors requesting rosters for distribution of engineering/land surveying CPD information or to other third parties?  
**Yes, keep private**      **No, share when requested**

**Part VI - Certification and Signature:**

I certify that all information provided on this renewal invoice is true and correct to the best of my knowledge, information and belief. I am aware that an omission or untrue response may constitute fraud, deceit, material misrepresentation, perjury or the giving of false or forged evidence under Louisiana Revised Statutes 37:698 and 37:700.

I have read the Rules for Professional Engineers and Land Surveyors (LAC Title 46, Part LXI), and I agree to conduct my professional affairs in accordance with these rules.

Electronic signature  
(type your name)

Date

**LAPELS does not issue pocket cards or certificates after renewals, please visit our website and click on "[Licensee/Intern Search](#)" to review and print your current license/certificate information.**

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**Complete the invoice and enclosed credit card authorization form and submit using one of the following options:**

- 1) Upload using the Document Upload Portal:  
<https://renewals.lapels.com/Activities/Listing.aspx?ID=310> (login required)
- 2) Email to LaTasha Andrews at [latasha@lapels.com](mailto:latasha@lapels.com)
- 3) Make check or money order payable to LAPELS (**US funds only**) and mail to address at top of invoice.

License/Certification Type	*Status ( <i>Every</i> status requires a completed renewal invoice)	Renewal Fee per license (if received <i>on or before</i> deadline)	Renewal Fee per license (if received <i>after</i> deadline)
EI/LSI	<b>Active</b>	<b>\$60</b>	<b>\$60 (no late fee)</b>
EI/LSI	<b>*Expired</b>	<b>*No Fee</b>	<b>*No Fee</b>



# Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US  
All information will remain confidential.

Cardholder Name: \_\_\_\_\_

Name on Application: \_\_\_\_\_  
*(if different from credit card holder)*

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Type:            Visa            MasterCard            Discover            American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (MM/YY)

Card Identification Number (last 3 digits on the back of the credit card): \_\_\_\_\_

Amount to Charge (USD): \$ \_\_\_\_\_

**I authorize LAPELS to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.**

**Cardholder**: Print Name, Sign and Date below

Electronic Signature:  
*(type your name)*

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY

Application Type \_\_\_\_\_

Confirmation Number \_\_\_\_\_