

**IOWA ENGINEERING AND LAND SURVEYING EXAMINING BOARD**  
200 E. GRAND, STE. 350, DES MOINES, IA 50309  
**SUCCESSFUL EXAMINEE LICENSURE FORM**

**Licenses expire biennially on December 31.** Licenses initially issued in even-numbered years expire in odd-numbered years. Licenses initially issued in odd-numbered years expire in even-numbered years.

**For Examinees Submitting January 1 – June 30**

LICENSE FEE: \$100 (if received and processed by July 1)  
LICENSE FEE: \$75 (initiates licensure in July; do not mail until after June 25)  
CERTIFICATE FEE \$15 (optional wall certificate)

**For Examinees Submitting July 1 – December 31**

LICENSE FEE: \$75 (if received and processed by January 1)  
LICENSE FEE: \$100 (initiates licensure in January; do not mail until after December 25)  
CERTIFICATE FEE \$15 (optional wall certificate)

**Enclose payment with this form and mail to:**  
Iowa Engineering and Land Surveying Examining Board  
Professional Licensing  
200 East Grand Avenue, Ste. 350  
Des Moines, IA 50309.

**You may also pay by credit card** by completing the form below and faxing to (515) 725-9032. Please allow 5-7 business days for processing.

**IMPORTANT:** Print or type your name as you want it to appear on your certificate.

Name: \_\_\_\_\_ Exam Type: (i.e. civil) \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contact the Iowa Board if you have questions or need further assistance.**

- jennifer.morrison@iowa.gov
- Phone: (515) 725-9021
- Web site: www.state.ia.us/engls

Payment due within 30 days. Your license and certificate packet will be mailed thereafter. When your license has been issued, you can search by your name as it appears above at [www.licensediniowa.gov](http://www.licensediniowa.gov).

\_\_\_\_ Payment enclosed, check or money order, payable to State of Iowa  
\_\_\_\_ Check #: \_\_\_\_\_ Business or Personal (circle one)  
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Please charge to my: \_\_\_\_ MasterCard \_\_\_\_ Visa \_\_\_\_ Discover

Fees: \_\_\_\_\_ (Amount to be charged)  
Card #: \_\_\_\_\_  
Expiration date: \_\_\_\_\_ / \_\_\_\_\_  
Cardholder's Name: \_\_\_\_\_  
Signature: \_\_\_\_\_