



Request for Inactive Status

Instructions | Page 1 of 1

670 Hawthorne Avenue, SE
Suite 220
Salem, Oregon 97301

tel. 503.362.2666
email: osbeels@osbeels.org
Web: www.oregon.gov/osbeels

Request for Inactive Status

The following instructions are provided to assist in completing the Request for Inactive Status form.

PLEASE READ the applicable Oregon Revised Statutes (ORS) and the Oregon Administrative Rules (OAR). To locate the ORSs and the OARs, visit our Web site at www.oregon.gov/osbeels. Click on the "Revised Statutes" link for the ORSs. Click on the "Administrative Rules" link for the OARs.

PLEASE NOTE: It is the registrant's responsibility to submit all documentation required. Failure to properly complete the form may result in a delay of processing.

Who Should Fill Out the Request for Inactive Form?

Registrants who want to request to place their registration(s) as a professional engineer (PE), professional land surveyor (PLS), registered professional photogrammetrist (RPP), and/or certification as a certified water right examiner (CWRE) into the inactive status due to a debilitating mental or physical illness, injury or disease as provided in OAR 820-010-0520.

If requesting inactive status on behalf of a registrant, send a certified copy or legal document(s) proving your authority, such as current power of attorney, guardianship, etc.

Certified as a CWRE?

Registrants who are placed into the inactive status and also hold a certification as a CWRE, must place their CWRE certificate into the inactive status.

See the following ORS and OARs for detailed information (CWRE): ORS 537.798, OAR 690-014-0050, OAR 820-010-0235, and OAR 820-010-0520.

How Requests are Processed

Requests will be processed according to the date received by the OSBEELS office.

GENERAL INSTRUCTIONS

- Step 1: Complete the form(s) and sign it in the presence of a notary public.
- Step 2: Gather completed form(s) and documents and put together in a single package for mailing.
- Step 3: Send form(s) to the Oregon State Board of Examiners for Engineering and Land Surveying (OSBEELS):
OSBEELS
670 Hawthorne Avenue, SE
Suite 220
Salem, OR 97301
- Step 4: If correspondence has not been received from the OSBEELS within 60 days of submittal, please contact us.



Oregon

BOARD OF EXAMINERS
FOR ENGINEERING &
LAND SURVEYING

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Office Use Only - Date Received:

Office Use Only -
Date Entered:

Office Use Only - ID #

Request for Inactive Status: PE/PLS/RPP

It is the registrant's responsibility for reviewing the requirements when requesting to place a registration as a PE, PLS, or RPP in inactive status.

Registrant Contact Information

First name (personal name)	Middle name or initial	Last name (family name)
Home/Personal phone #	Home email address	Birth date (Mo/Day/Yr)

Mailing address (include any apartment number or suite number)

City	State or Province	Zip/Postal code	Country
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Registered to practice as: <input type="checkbox"/> PE <input type="checkbox"/> PLS <input type="checkbox"/> RPP	Registration number(s):
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I request to place my registration(s) to practice into inactive status.

I understand that by placing my registration(s) into the inactive status, as defined in the Oregon Administrative Rule (OAR) 820-010-0520, I am no longer authorized to engage in the professional practice of engineering, land surveying, and/or photogrammetric mapping as defined in the Oregon Revised Statute (ORS), Chapter 672.

I understand that I may return to the active status only upon application to the Board, by paying a reinstatement fee and biennial renewal fee required by the OAR 820-010-0305 and completing 15 PDH units per year for each year (or part of a year) inactive, to a maximum of 30 PDH units.

Signature	Date (Mo/Day/Yr)
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Notary Use

Certificate	
State of:	Place Official Seal below
County of:	
Signed or attested before me on _____, 20__	
by _____	
Signature	
Notary Public, State of	



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Request for Inactive Status: CWRE

It is the registrant's responsibility for reviewing the requirements when requesting to place a certification as a CWRE in the inactive status.

Registrant Contact Information			
First name (personal name)	Middle name or initial	Last name (family name)	
Home/Personal phone #	Home email address	Birth date (Mo/Day/Yr)	
Mailing address (include any apartment number or suite number)			
City	State or Province	Zip/Postal code	Country
Certified to practice as: <input type="checkbox"/> CWRE		Certification number:	
<p>I request to place my certification to practice into inactive status.</p> <p>I am no longer authorized to engage in the professional activities of a certified water right examiner as defined in the Oregon Revised Statute (ORS), Chapter 537 and the Oregon Administrative Rules (OAR), Chapter 820 and Chapter 690.</p> <p>I understand that I may return to the active status only upon application to the Board, by paying a reinstatement fee and biennial renewal fee required by the OAR 820-010-0305 and returning a certificate of registration as a professional engineer, professional land surveyor, and/or registration as a geologist to the active status.</p>			
Signature		Date (Mo/Day/Yr)	

Notary Use

Certificate	
State of:	Place Official Seal below
County of:	
Signed or attested before me on _____, 20__	
by _____	
Signature	
Notary Public, State of	