

## Military Continuing Professional Development and Renewal Fee Waiver Request

From Ohio Revised Code section 4733.15: "The state board of registration for professional engineers and surveyors may, upon request, waive the payment of renewal fees or the completion of continuing professional development requirements for a registrant during the period when the registrant is on active duty in connection with any branch of the armed forces of the United States."

Return completed form, with attachments, to the Board address below or email, with attachments, to [pes.board@pes.ohio.gov](mailto:pes.board@pes.ohio.gov).

Section A Personal Information			
FIRST NAME	MIDDLE NAME (OR INITIAL)	LAST NAME	
MAILING ADDRESS (NUMBER AND STREET, APT.)			OHIO LICENSE NUMBER
CITY	STATE	ZIP CODE	OHIO COUNTY, IF APPLICABLE
HOME TELEPHONE (WITH AREA CODE)	EMAIL ADDRESS (OPTIONAL)		

Section B Military Information			
UNITED STATES ARMED FORCES SERVICE BRANCH			
<input type="checkbox"/> Army	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force
<input type="checkbox"/> Army Reserve	<input type="checkbox"/> Marine Corps Reserve	<input type="checkbox"/> Navy Reserve	<input type="checkbox"/> Air Force Reserve
<input type="checkbox"/> Army National Guard		<input type="checkbox"/> Air Guard	<input type="checkbox"/> Coast Guard
			<input type="checkbox"/> Coast Guard Reserve
<p>A waiver is based upon 1.25 Continuing Professional Development (CPD) hours for each month of certified active military duty. <b>Please attach an affidavit signed by the appropriate military personnel—such as the commanding officer— attesting to your duty status, location of assignment and active dates of service.</b></p>			
<input type="text"/>	<< Number of CPD hours to be waived	<b>Active Service Dates</b> >>	FROM [MM/YYYY] TO [MM/YYYY]
<input type="checkbox"/> I am requesting a Renewal Fee Waiver. <input type="checkbox"/> I am <b>not</b> requesting a Renewal Fee Waiver and will use Ohio eLicense to pay the renewal fee online.			

Section C Affidavit	
I, _____, affirm to the Board that the information provided in this document and all attachments is true and accurate to the best of my knowledge. I understand that this waiver, if granted, is only valid for the period specified by the Board.	
SIGNATURE	DATE SIGNED



**MILITARY CPD WAIVER REQUEST**  
 STATE BOARD OF REGISTRATION FOR  
 PROFESSIONAL ENGINEERS AND SURVEYORS  
 77 S. HIGH STREET SUITE 2472  
 COLUMBUS OH 43215-5905

### Questions?

EMAIL [pes.board@pes.ohio.gov](mailto:pes.board@pes.ohio.gov)  
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 (614) 466-3651 COLUMBUS METRO