

APPLICATION FOR REGISTRATION RENEWAL

PLEASE COMPLETE AND RETURN PROMPTLY TO AVOID LATE PAYMENT PENALTIES

Mailing Address:

The Guam Board of Registration for PEALS
ITC Building, 590 S. Marine Corps Drive, Suite 511
Tamuning, GUAM 96913

All checks must be made payable to the Treasurer of
Guam

FEE: \$225.00 per type of registration
(If Engineering, per Branch or Discipline)
Due: On or before April 30th
Add: \$25.00 per month after April 30th
Maximum of 60 Days after expiration date
without submission of "Reinstatement"

I, _____ declare under penalty of perjury that the following
declaration is true and correct. (PRINT NAME)

<p>*I am a Registered:</p> <p><input type="checkbox"/> Engineer # _____ Discipline: _____</p> <p><input type="checkbox"/> Architect # _____ <input type="checkbox"/> Landscape Architect # _____ <input type="checkbox"/> Land Surveyor # _____ <input type="checkbox"/> Retired - Engr / Arch / PLS</p> <p>Preferred MAILING address: _____</p>	<p style="text-align: center;">I am Employed or Associated with (* Please note, information provided will be listed on the PEALS website)</p> <p>*Business Name: _____</p> <p>Business Address: _____</p> <p>*Business Telephone Number: _____ () Cell Number: _____ () *E-Mail Address: _____</p>
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- 1 Has your professional registration ever been denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any restriction or disciplinary action in any jurisdiction?

*Yes No
- 2 Are there any pending denial, suspension, stipulations, probation, restriction or disciplinary actions in any jurisdiction at this time against you?

*Yes No
- 3 Have you read, understood and subscribe to the Rules of Professional Conduct for Professional Engineers, Architects & Land Surveyors and Landscape Architects, known as "Code of Ethics", and pledge to perform your professional services in accordance with the aforementioned rules? Yes *No
- 4 Have you ever been convicted of a criminal offense (except minor traffic violations with less than a \$500.00 fine)?

*Yes No

*If you selected this box to any of the above stated questions, please submit a written explanation .

Registrant's Signature

Date

DO NOT WRITE BELOW THIS LINE

Amount Paid
Check # Rcpt #