

**SOUTH CAROLINA BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND SURVEYORS**

Post Office Box 11597, Columbia, SC 29211-1597  
Synergy Business Park, Kingstree Building, 110 Centerview Drive (29210)  
Phone: (803) 896-4422

**APPLICATION FOR RETIRED REGISTRATION STATUS IN SOUTH CAROLINA**

**COMPLETE NAME:** \_\_\_\_\_

**REGISTRATION NO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

Please include your full name, registration number, e-mail and complete mailing address)

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**INSTRUCTIONS FOR COMPLETING RETIRED STATUS FORM**

- Complete the Certification Statement by signing and dating the form below.
  - Return form. The completed application can be mailed to Post Office Box 11597, Columbia, SC 29211 or emailed to [contact.engls@llr.sc.gov](mailto:contact.engls@llr.sc.gov)
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**CERTIFICATION STATEMENT:**

**RETIRED ENGINEER AND/OR SURVEYOR.** I certify that I am not engaging or offering to engage in the practice of engineering or surveying and that my license is valid as of \_\_\_\_/\_\_\_\_/\_\_\_\_. I am requesting that the records of the South Carolina State Board of Registration for Professional Engineers and Surveyors reflect my retirement status, and that I be allowed to use the appropriate designation of "PE Retired" or "Associate PE Retired" or "PLS Retired" in connection with my name in the State of South Carolina.

I understand that as a "retired" professional I will not be required to pay a license fee for the privilege of using this designation, but shall not hold out or suggest in any manner that I am able or authorized to offer or perform professional engineering or surveying services in South Carolina. Further, I understand that as a "retired" professional I may reactivate my license only in the manner prescribed for a registrant whose license has expired because of non-payment of renewal fees, and then only after completing continuing education requirements as prescribed by the Code of Regulations, Chapter 49, Article 6, Continuing Professional Competency.

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Original Signature of Applicant

\_\_\_\_\_  
Date