

**AMERICAN SOCIETY OF POWER ENGINEERS, INC.**

ASOPE Inc

PO Box 130  
Bristol, WI 53104  
Phone (866) 926-1821



**RENEWAL NOTICE**

DATE: FEBRUARY 4, 2019

**TO:**  
**Tim Kemen**  
1679 Casino Dr  
Las Vegas, NV 89123

**FOR:**  
Annual renewal of ASOPE™ Operating Engineer License  
*(Includes: 5 1/2" x 8 1/2" certificate, and 1 plastic pocket cards)*

DESCRIPTION	AMOUNT DUE
Lic. Grade: <b>FOE3</b> Lic. No.: <b>R00000000-E</b> Issue: <b>12</b> Expires: <b>4/1/2019</b>	<b>\$35.00</b>
<b>After June 1, 2019</b> (A \$10.00 Late Fee Applies to all Renewals Overdue Greater Than 60 Days to 1 Year)	<b>45.00</b>
<b>After April 1, 2020</b> (For late renewals overdue greater than 1 year Please call (866)-926-1821 )	

**\*\*NEW CREDIT CARD PAYMENT INFORMATION\*\***

ASOPE WILL NO LONGER BE TAKING CREDIT CARD PAYMENTS BY PHONE. YOU WILL NEED TO PAY ON LINE <http://asope.org/renew.html> OR FILL OUT THE CREDIT CARD PAYMENT INFORMATION ON THE BOTTOM PORTION AND RETURN.

Allow 15 working days for license processing (excluding National Holidays). If your license is needed to renew a municipal license or permit, please respond in a timely manner."

An additional \$35.00 Fee will be applied to returned checks.

If you have any questions or concerns, please contact us:  
Office Hours are Monday – Thursday 8AM – 3PM CST  
Phone: (866) 926-1821 Phone: (262) 891-3059  
Email: office@asope.org Mail: PO Box 130, Bristol, WI 53104

PLEASE DETACH AND RETURN BOTTOM PORTION WITH PAYMENT

Make check or money orders payable to ASOPE Inc

Current data: 2/04/2019

Lic. Grade: **xxxx** Lic. No.: **R500000000-E** Issue: **12**

Expires: **4/1/2019**

(Please indicate) (Renew) / (Choose not to renew) / (Retired Lic. \$35.00 Fee)

Other: \_\_\_\_\_

(Please note changes to address, phone, and employer on back)

Remit payment to:

**ASOPE Inc**  
Attn: Renewals  
PO Box 130  
Bristol, WI 53104-0130

AMOUNT DUE:	\$35.00
<b>After June 1, 2019</b> (Overdue Greater Than 60 Days to 1 Year)	<b>\$45.00</b>
After April 1, 2020 [Overdue greater than 1 year: Please call (866)-926-1821	

**To pay by credit card, please indicate:**

Card Type: Visa M/C AmEx Discover (circle one)  
Card No.: \_\_\_\_\_  
Amount: \_\_\_\_\_ Card Exp Date MM/YY: \_\_\_\_\_  
Security Code: \_\_\_\_\_ 3 #s on back/AmEx 4 #s on front  
Name on Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Ph#: \_\_\_\_\_

**Tim Kemen**  
1679 Casino Dr  
Las Vegas, NV 89123