

# STATE REGISTRATION BOARD FOR PROFESSIONAL ENGINEERS LAND SURVEYORS AND GEOLOGISTS

**Mailing Address:**

Engineer Board  
P.O. Box 2649  
Harrisburg, PA 17105-2649

Tel: 717.783.7049 Fax: 717.705.5540  
E-Mail: [st-engineer@pa.gov](mailto:st-engineer@pa.gov)  
Website: [www.dos.pa.gov/eng](http://www.dos.pa.gov/eng)

**Courier Address:**

Engineer Board  
One Penn Center  
2601 North Third Street  
Harrisburg, PA 17110

## PROFESSIONAL ENGINEER LICENSURE

**Applicant Checklist:**

Must be currently licensed in another state and INITIAL registration must have been under requirements equal to those in effect in Pennsylvania.

1. Application must be **typed OR printed in black ink**.
2. **DO NOT COMPLETE THIS APPLICATION IF YOU HAVE NOT PASSED THE FE AND PE EXAMINATIONS.** Pennsylvania law requires any applicant for licensure as a professional engineer to successfully complete the FE AND PE examinations to qualify for licensure.
3. **Complete pages 1 - 4 of application along with the amplified record.**  
**NOTE: NCEES Council Record holders MUST complete all sections of this application** and direct NCEES to provide your Council Record to the Board; however, you do **NOT** have to initially submit the "Amplified Record of Engineering/Surveying Experience" form. Council Record holders also do **NOT** have to have their Official Transcripts or the "Verification of Examination/Licensure" forms sent to the Board. For information regarding the NCEES Council Record, contact NCEES on-line at [www.ncees.org](http://www.ncees.org) or by phone at (864) 654-6824
4. **Verification of Examination Scores and Licensure/Registration** must be provided for your FE **and** PE exam scores, your EIT certification **AND** by every State or Jurisdiction in which you have ever been issued a license. The *Verification of Examination / Registration* must be mailed directly to the Board office from every state or jurisdiction involved. You may duplicate the verification form as many times as necessary. **(Submittal of the verification of exam scores and licensure/registration are not needed if they are included in your NCEES Council Record.)**
5. **Education** information must be provided in Section 5 and must be verified by requesting an *Official Transcript* from the college/university registrar's office. The college/university **must mail** the transcript **directly to the Board office**. **(Submittal of the official transcripts are not needed if they are included in your NCEES Record.)**
6. **Amplified Record of Experience** form must be fully completed according to the instructions on form. **NOTE:** The Board **may** grant 1 year of engineering work experience credit for each post-baccalaureate degree earned by applicants for licensure, not to exceed 2 years, provided that ALL of the following requirements are met: 1) The degree **MUST** be from an engineering program approved by the Board (an institution that offers an ABET-accredited baccalaureate degree in the same discipline); 2) The degree **MUST** be in the exact same discipline as an earned undergraduate degree (which **MUST** be from an ABET accredited institution); **AND** 3) The academic time **MAY NOT** be concurrent with ANY earned work experience. The Board will **NOT** make a determination regarding the amount of work experience that may be granted for an earned post-baccalaureate degree until they have received a fully completed application that has been appropriately submitted in accordance with ALL application deadline requirements.  
**(This is NOT necessary if the amplified record is provided in your NCEES Record.)**
7. **References** Please list references in section 6 of application. References must have personal knowledge of your work experience and collectively must be able to attest to the entire amount of required engineering work experience. References should include your immediate supervisor(s). Applicants must **NOT** be related to those listed as references. At least three (3) of your five references **must be licensed Professional Engineers**. The other two (2) may be licensed Professional Land Surveyors or Licensed Professional Geologists (OR similarly qualified individuals [as determined by the Board]); however they **must** be able to attest to your engineering work experience, character and qualifications. No reference forms should be submitted at this time. If needed, forms will be sent to you for completion by the references.  
**(Submittal of reference forms are not needed if they are included in your NCEES Record.)**
8. **Please answer all questions; if you answer "YES" to any questions #3 thru question #7 in Section 9,** you must provide a full written explanation on an 8-1/2" x 11" sheet of paper **AND** submit a certified copy of any and all relevant court and/or legal documents, **including documentation of your successful completion of any sentencing requirements.** **NOTE:** Answering "YES" to any of the questions will not necessarily result in the automatic denial of your application.
9. **Foreign Graduates:** If your **bachelor's degree** is from a school outside of the United States, your educational credentials **MUST** be evaluated to determine the equivalency of your degree in engineering from an accredited U.S. school. ***This is required regardless of you having a graduate degree from a U.S. school.***
  1. Contact: NCEES - Website: [www.ncees.org](http://www.ncees.org), Tel: 800.250.3196,
  2. The evaluation is to be submitted directly to the Board office from NCEES.
10. **Social Security Act Certification:** Sign and date Section 10 of the application.
11. **Verification Statement:** Sign and date Section 11 of the application.
12. **Maintain a copy of your completed application, for your records.**
13. **Forward application and fee of \$50 made payable to "Commonwealth of Pennsylvania" to address above.**
14. **Mail your application "Certified Mail - Return Receipt" to the courier address for proof of receipt.**

**If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.**

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## APPLICATION FOR LICENSURE AS A PROFESSIONAL ENGINEER

Follow Attached Instructions and Submit All Required Documents

### Section 1

Applicant Information. (Must be typed or legibly printed in **black ink.**)

**EVERY SECTION IS MANDATORY**

Mail your application "Certified Mail-Return Receipt Requested", to the **\*\*Courier Address**, for proof of receipt.

a) Last Name:																																	
b) First Name:												c) Middle:																					
d) Social Security #										e) Date of Birth:																							
f) Mailing Address:																																	
(Continued)																																	
g) City:																State:			Zip:														
h) Daytime Phone #:												Extension:																					
i) Internet E-Mail Address:																																	
j) Would you like us to communicate with you regarding this application via e-mail?																								Yes:			No:						
k) Maiden Name (If applicable):																																	
<small>If any application documents will be sent in a maiden/prior name you <b>MUST</b> submit one of the following: a copy of your marriage certificate, a copy of a divorce decree that indicates the retaking of your maiden name or other legal court document supporting a legal name change</small>																																	
l) Do you hold an NCEES Council Record? (you must request transmittal to the Board)																								Yes			No:						

**Board Application Fee - \$50.00** check or money order payable to the "Commonwealth of Pennsylvania". Fees are non-transferable and non-refundable. NOTE: A \$20.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason for non-payment.

### Section 2

Initial Licensure/Registration

Indicate state where your INITIAL PE license was issued:

--	--

Expiration date of that state's PE license:

MO 

--	--

Year 

--	--	--	--

**OFFICIAL USE ONLY**

Approved: PE \_\_\_\_\_

Disapproved

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Applicant:

<b>Section 3 Examination Information</b>	
<b>State in which Fundamentals of Engineering examination was passed:</b>	State: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Date Passed: MO <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> YEAR <input style="width: 20px; height: 20px;" type="text"/>
<b>Engineer-in-Training Certificate:</b>	Issuing State: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MO <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> YEAR <input style="width: 20px; height: 20px;" type="text"/>
<b>State in which Principles &amp; Practice of Engineering examination was passed:</b>	State: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Date Passed: MO <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> YEAR <input style="width: 20px; height: 20px;" type="text"/>

<b>Section 4 Licensure/Registration - List every state in which you are or ever have been registered (If additional space is required, submit on an 8 1/2" x 11" sheet of paper).</b>					
State	Registration Number	Registration Date	By Exam	By Reciprocity	Other

<b>Section 5 Education (If additional space is required, submit on an 8 1/2" x 11" sheet of paper). If any transcripts were issued in a maiden name, you must submit a copy of the legal document supporting your name change</b>			
College, University or Professional School and Address	Dates Attended	Major Course of Study and Degree Awarded	Graduation Date
1.			
2.			
3.			
4.			

<b>Section 6 References (See "Reference Information" on Instruction Page)</b>				
List five references – Three of which must be professional engineers licensed in the United States.				
Name	Address	State In Which Licensed	License #	Telephone #
1.				
2.				
3.				
4.				
5.				

Name of Applicant:

<b>Section 7</b>	<b>Applications previously submitted to this Board.</b>
Engineer-In- Training <input type="checkbox"/>	Professional Engineer <input type="checkbox"/>
Surveyor-In- Training <input type="checkbox"/>	Professional Land Surveyor <input type="checkbox"/>
Professional Geologist <input type="checkbox"/>	None <input type="checkbox"/>

<b>Section 8</b>	<b>Do You</b>	<b><u>Read</u></b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<b><u>Write</u></b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<b>And <u>Speak</u></b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>the English Language?</b>

<b>Section 9</b>	<b>Please Answer the Following Questions:</b>	
<b>The following <u>must</u> be answered.</b> If you answer "YES" to any questions #3 thru question #7, you must provide a full written explanation on an 8-1/2" x 11" sheet of paper AND submit certified copies of any and all relevant Board, court and/or legal documents, <b><u>including documentation of your successful completion of any sentencing requirements and the final disposition.</u></b> NOTE: Answering "YES" to any of the questions will not necessarily result in the automatic denial of your application.	<b>YES</b>	<b>NO</b>
<b>1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?</b>		
<b>2. If you answered yes to the above question, please provide the profession and state or jurisdiction.</b> _____		
<b>3. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline? <b>If action was taken in Pennsylvania – Certified copies NOT required.</b></b>		
<b>4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?</b>		
<b>5. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?</b>		
<b>6. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.</b>		
<b>7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?</b>		

Name of Applicant:

## Section 10

### Social Security Act Certification

This licensing board is obligated to inform each applicant or licensee from whom it requests a Social Security number on any application or form that disclosing such number is mandatory in order for this licensing board to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Human Services (DHS), this licensing board must provide DHS information prescribed by DHS about the licensee, including the Social Security number.

In the event that this licensing Board takes disciplinary action against an applicant or licensee, this board may disclose their Social Security number if applicant or licensee voluntarily agrees to the disclosure of this information to the appropriate professional association. This organization compiles information about individual applicants and licensees and transmits that information to other licensing boards in order to coordinate licensure and disciplinary activities between the individual states. If you do not voluntarily provide your Social Security number for this purpose, information about you will still be transmitted to this organization should this licensing board discipline you, but that information will not include your Social Security number.

I certify that I have read the above statement, understand the full intent and I do give this licensing board permission to report my Social Security number to the appropriate professional association or licensing board.

Signature of Applicant:

Date:

## Section 11

### Verification Statement

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

# AMPLIFIED RECORD OF ENGINEERING WORK EXPERIENCE FOR PE

 Page  of 

08/2014

(Duplicate this blank page to provide sufficient extra pages to adequately document your experience. ONLY information presented on this form will be considered.)

Employment Number (1, 2, 3, etc.)	List <b>NAME &amp; ADDRESS</b> of Supervising Official thoroughly familiar with each employment. (If licensed, indicate "PE" after name.)	Dates of Engineering Employment (All time frames must be accounted for and include the <u>month and year</u> . Do NOT use "Present" as your end date.)		<p style="text-align: center;"><b>PREPARATION INSTRUCTIONS – READ &amp; FOLLOW DIRECTIONS CAREFULLY</b></p> <ol style="list-style-type: none"> <li>1. Applicants must show at least 4 years of <b>PROGRESSIVE</b> experience gained under the supervision of a licensed Professional Engineer, AFTER the issuance of the EIT certificate and prior to initial licensure.</li> <li>2. List employers in <u>chronological order</u> with the oldest employment shown as Number 1.</li> <li>3. Show name and address of each employer and the title of your position.</li> <li>4. For each employer describe in <b>detail</b> the work you performed and your specific role(s). Applicants with insufficient information will be requested to revise and resubmit the forms.</li> <li>5. <b>DO NOT INCLUDE POST-BACCALAUREATE DEGREE INFORMATION ON THIS FORM</b></li> <li>6. <b>Each page</b> of the record <b>MUST</b> include your <b>PRINTED NAME</b> and <b>DATE</b> as well as all other requested information. Your signature is required on the <b>LAST</b> page of each engagement, along with the <b>totaled experience</b> for that engagement.</li> <li>7. <b>List Work Experience section in the following format:</b> <ol style="list-style-type: none"> <li>(a) Title of Position</li> <li>(b) Name and Address of Employer</li> <li>(c) Description of Work – Must be accurate, detailed, all-inclusive and indicate character of work and degree of responsibility</li> </ol> </li> </ol>	# of Years & Months Areas of Experience Must equal length of time employed			
		From Mo/Yr	To Mo/Yr		In Design	In Other Engineering Work		
Supervisor's Name: Supervisor's Address:					Yrs	Mos	Yrs	Mos
				Engineering Work Experience Description: Work Experience <b>MUST</b> be listed in a <b>yearly format with no more than one year of experience per page</b> ; however, you may use <u>more than one page for a single year of work experience</u> ; <b>there is no maximum number of pages allowed.</b>				
Print Name (EACH PAGE):				Signature (Last Page Of Each Engagement):	Date:	EXPERIENCE (TIME) GAINED WHILE EMPLOYED → (Total Experience on LAST PAGE OF EACH ENGAGEMENT)		



Page

Commonwealth Of Pennsylvania  
Department Of State  
Bureau of Professional and Occupational Affairs  
State Registration Board for Professional Engineers, Land Surveyors and Geologists  
P. O. Box 2649  
Harrisburg, PA 17105-2649

## Amplified Record of Engineering Work Experience Requirements

To assist the Board with providing the most appropriate evaluation of your engineering work experience, you must submit an “Amplified Record of Engineering Work Experience” form (amplified record), which has been **completed in its entirety** (names, addresses, complete employment dates- *NOT to “present”* etc...) and provides the Board with specific, thorough and detailed descriptions of your progressive professional experience in engineering work that you obtained under the supervision of a licensed professional engineer (or similarly qualified engineer of a grade or character to fit him to assume responsible charge of the work involved in the practice of engineering), after the issuance of your Engineer-In-Training (EIT) certificate and prior to initial licensure.

The amplified record must clearly describe the supervised engineering work that you personally performed; delineate your role in any group engineering activity; provide an overall description of the nature of work you personally performed and specifically indicate how your engineering skills and responsibilities have progressively increased during your years of experience and must demonstrate conclusively the years of progressive professional experience you have obtained (*including detailed examples of how engineering knowledge and engineering principles, including the principles of math and science, were actually employed*) in engineering work of a grade and character to fit you to assume responsible charge of the work involved in the practice of engineering.

Please note that *the only work experience considered during any application review* is the experience information provided on *the amplified record*. Do NOT attach a resume or curriculum vitae in lieu of an Amplified Record of Work Experience form.

Additionally, please note that you should provide no more than **one year of work experience per page** of the amplified record; however, you may use as many pages as necessary to accurately describe each year of experience.

## REFERENCE INFORMATION FORM CHECKLIST

## A. Applicant Check List:

Please review all Reference requirements in the Board's Regulations (49 Pa. Code §37.32 for Engineers, §37.37 for Geologists and §37.48 for Surveyors).

Applicants for the **PE exams, licensure, or the FE exam (based upon work experience)** shall provide at least **five (5) references**. **Three (3)** who are **licensed Professional Engineers who can attest to the progressive work experience**, the other **two (2)** may be professional land surveyors, professional geologists or unlicensed engineers who, through education and experience, possess an equivalent level of expertise as that of a professional engineer. A reference that is not a professional engineer licensed in the United States is required to submit a curriculum vitae. **All work experience must be supported by a Reference Information Form submitted by the licensed professional engineer who supervised the work experience.**

Applicants for the **PS &/or PLS exams, licensure, or the FS exam (based upon work experience)** must provide **five (5) references**. At least **three (3)** of the references must be **licensed Professional Land Surveyors**, the other 2 may be licensed professional engineers, professional geologists or unlicensed surveyors who, through education and experience possess an equivalent level of expertise of that of a professional land surveyor. A reference who is an unlicensed surveyor is required to submit a curriculum vitae. **All work experience must be supported by a Reference Information Form submitted by the licensed professional land surveyor who supervised the work experience.**

Applicants for the **FG &/or PG exams or licensure** must provide **five (5) references**, **three (3)** of whom are **licensed professional geologists**, the remaining two (2) references may be professional engineers, professional land surveyors or unlicensed geologists who, through education and experience, possess an equivalent level of expertise as that of a professional geologist. A reference who is an unlicensed geologist is required to submit a curriculum vitae. **All work experience** must be supported by a Reference Information Form submitted by the licensed professional geologist who supervised the work experience.

Applicant MAY NOT be related to **any** reference. References MUST have *personal knowledge of your experience* and collectively be able to attest to the entire amount of required experience.

**Attach this checklist** to each Reference Form provided to your references.

**Reference Information Forms submitted by the applicant with the application will be REJECTED.**

- 1. Fill in your name and address at the top of the Reference Information Form.
- 2. Write in what you are applying for i.e. FE, PE, FS, PS &/or PLS, FG &/or PG Exam(s), Type of licensure (if you have already passed ALL required exams).

## B. Reference Check List:

The applicant is required to furnish evidence of qualification for registration for the category checked below. You are asked to attest to the applicant's character, ability, reputation and professional skills and attainments. Be assured that the Board will hold all information strictly confidential.

- 1. Provide a response for all questions on the Reference Information Form. Forms without all questions answered (and explanations provided, as necessary) will be REJECTED.
- 2. Sign and date at the bottom of Page 2.
- 3. References without a professional license must attach a copy of their resume to this form before mailing.
- 4. \*\*\* **Return the original completed Reference Information Form, in a sealed envelope bearing your signature across the seal, to the appropriate location (as noted below):**

For **FE/PE Exam Applicants**, Mailing Address: Pearson VUE c/o Dasher, Inc. P.O. Box 60669 Harrisburg, PA 17105 or Courier Address: Pearson VUE c/o Dasher, Inc. 777 East Park Drive Harrisburg, PA 17111

**For all other applicants** (Geologists (FG, PG), Surveyor (FS, PS, PLS Exam) or Non-Examination Engineer), mail directly to Engineer Board, PO Box 2649, Harrisburg, PA 17105

The fully completed Reference Information Form **MUST** be returned **directly** to the appropriate office from the reference, as noted in item 4 (above).

**DO NOT RETURN THE REFERENCE INFORMATION FORM TO THE APPLICANT**

# REFERENCE INFORMATION FORM

Applicant's Name:	Applying for:
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Address:	City:	State:	Zip:
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**ALL OF THE FOLLOWING MUST BE COMPLETED BY THE REFERENCE:**

**Must be typed or completed in black ink – If ALL information is not provided, the form is not considered complete**

1. Name:	LAST	FIRST	MI
----------	------	-------	----

2. Address:	Street		
	City	State	Zip

3. Business Phone (8 AM - 5 PM):	-	-	Ext.:	
----------------------------------	---	---	-------	--

4. E-Mail Address:	
--------------------	--

5. What is your present business or profession:	
---	--

6. If in individual practice, please indicate nature of such practice.	
--	--

7. What is your area of expertise (discipline)?	
---	--

8. Are you a Licensed <input type="checkbox"/> Engineer <input type="checkbox"/> Surveyor <input type="checkbox"/> Geologist? <input type="checkbox"/> None If "none", you must submit a detailed resume or curriculum vitae.	License #	
	State:	
	Exp. Date	

9. How long have you known the applicant?	From	to	inclusive.
	Do not use "present"		

10. Did/Do you provide direct supervision over the applicants work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "No",</b> provide a detailed explanation below (use a separate page if necessary):

11. Did/Do you have review and approval authority over the applicants work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "No",</b> provide a detailed explanation below (use a separate page if necessary):

12. Are you in any way related to applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

13. Do you know of anything reflecting adversely on the integrity, morals or general good character of the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes",</b> provide a detailed explanation below (use a separate page if necessary)



# VERIFICATION OF EXAMINATION / REGISTRATION

Pennsylvania State Registration Board for  
Professional Engineers, Land Surveyors and  
Geologists

Mailing Address:

Engineer Board  
P. O. Box 2649  
Harrisburg PA 17105

Courier Address:

Engineer Board  
2601 N 3<sup>rd</sup> St  
Harrisburg PA 17110

This form WILL NOT be accepted electronically OR from the applicant.

## INSTRUCTIONS

It is the responsibility of the applicant to request the necessary verification(s) from **every State Board and/or Licensing Jurisdiction** you have ever passed a certification and/or licensure examination in or have ever been granted certification or licensure (regardless of the current status).

After completion, this form must be **mailed** to the PA Board **directly from the Verifying State or Jurisdiction.**  
(You may duplicate this form as much as necessary.)

**DO NOT** provide the verifying Board an envelope with **YOUR** return address **OR** business letterhead/return address.

### THIS PORTION TO BE COMPLETED BY APPLICANT

TO: (State Board Completing Form)

\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date of Birth)

### THIS PORTION TO BE COMPLETED BY STATE BOARD

**I. The above named person was certified or registered as:**

- Engineer-in-Training
- Professional Engineer
- Surveyor-in-Training
- Prof. Land Surveyor

Certificate Number

Date Issued

Valid Until

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**II. Disciplinary Actions:**  Yes  No

If "Yes", please provide certified copies of action

**III. Basis of Registration:**

**Written Examination**

- Fund. Of Engineering (EIT)
- Princ. & Pract. of Engineering (PE)
- Fund. Of Land Surveying (SIT)
- Princ. & Pract. Of Land Surveying (PLS)
- Other Specify: \_\_\_\_\_

# of Hrs.

Results (P/F/Score)

NCEES Exam (Yes/No)

Exam Date

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Oral Examination** \_\_\_\_\_ hrs. PE \_\_\_\_\_ hrs. LS Date: \_\_\_\_\_

**Comity with:** (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Education and Experience:** If licensed with less than 8 years of experience including graduation from ABET engineering curriculum, please check here  and attach a detailed written description of qualifications and basis for licensure.

**Signature and Title:** \_\_\_\_\_

(Board Seal)

**Board:**

**Date:**