

# 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  
Website: [www.dos.pa.gov/eng](http://www.dos.pa.gov/eng)

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

Email: [St-engineer@pa.gov](mailto:St-engineer@pa.gov)

**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:**

	<u>Certificate Number</u>	<u>Date Issued</u>	<u>Valid Until</u>
<input type="checkbox"/> Engineer-in-Training	_____	_____	_____
<input type="checkbox"/> Professional Engineer	_____	_____	_____
<input type="checkbox"/> Surveyor-in-Training	_____	_____	_____
<input type="checkbox"/> Prof. Land Surveyor	_____	_____	_____

**II. Disciplinary Actions:**  Yes  No **If "Yes", please provide certified copies of action**

**III. Basis of Registration:**

**Written Examination**

	<u># of Hrs.</u>	<u>Results (P/F/Score)</u>	<u>NCEES Exam (Yes/No)</u>	<u>Exam Date</u>
<input type="checkbox"/> Fund. Of Engineering (EIT)	_____	_____	_____	_____
<input type="checkbox"/> Princ. & Pract. of Engineering (PE)	_____	_____	_____	_____
<input type="checkbox"/> Fund. Of Land Surveying (SIT)	_____	_____	_____	_____
<input type="checkbox"/> Princ. & Pract. Of Land Surveying (PLS)	_____	_____	_____	_____
Other Specify: _____	_____	_____	_____	_____

**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 licesensure.

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

(Board Seal)

**Board:** \_\_\_\_\_ **Date:** \_\_\_\_\_