

Mailing Address:
PO Box 2649
Harrisburg, PA 17105-2649

STATE REGISTRATION BOARD FOR
PROFESSIONAL ENGINEERS, LAND
SURVEYORS & GEOLOGISTS

Courier Address:
2601 North Third Street
Harrisburg, PA 17110

REQUEST FOR CHANGES TO AN INDIVIDUAL LICENSE

CHECK ALL THAT APPLY:



CHANGE OF ADDRESS: Provide all of the information below



CHANGE OF PERSONAL NAME: Provide all of the information below. Submit an 8½ x 11 **copy** of at least one of the accepted legal documents listed below, to verify your new name. Original documents will NOT be returned.

- Marriage certificate
- Final divorce decree, which indicates the retaking of your maiden name
- Other legal document, which indicates the retaking of a maiden name
- A court order approving a legal name change.

NO OTHER LEGAL DOCUMENTS WILL BE ACCEPTED TO VERIFY A CHANGE OF PERSONAL NAME

*Copies of a driver's license or Social Security cards are NOT acceptable.
NO CHANGES will be made to your name if you fail to submit an acceptable name change document.*



REQUEST FOR A DUPLICATE LICENSE &/or WALL CERTIFICATE:

- Submit a **check or money order**, payable to "**Commonwealth of PA.**", for the appropriate fee. To pay for a duplicate License &/or duplicate Wall Certificate by credit card you must complete the entire transaction on-line at www.mylicense.state.pa.us.
- The fee for a duplicate license is \$5.00 each. A duplicate license is the 5x7 document bearing an expiration date and has the wallet card attached.
- The fee for a duplicate wall certificate for your professional license, EIT, SIT and/or GIT certification is \$10.00 *each*. A wall certificate is the 8^{1/2} x 11 document listing your profession and bearing a gold seal

A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

PROVIDE ALL OF THE INFORMATION REQUESTED BELOW

NAME: (Old name)					NEW NAME: If applicable					
SOCIAL SECURITY #:				DATE OF BIRTH: MM/DD/YYYY			LICENSE #: All letters and numbers			
EMAIL ADDRESS:					DAYTIME PHONE #:					
OLD (CURRENT) ADDRESS: <i>Required for Verification</i>										P L E A S E
	CITY				STATE			ZIP		
NEW MAILING ADDRESS: If applicable										P R I N T
	CITY				STATE			ZIP		

To request a name and/or address change via e-mail, send *all* of the above requested information to the Board office at st-engineer@pa.gov. Duplicate licenses **are not** available via e-mail request.

You may request an address change and/or request a duplicate license on-line at www.mylicense.state.pa.us. If you have not already registered on the "mylicense website", you will need the registration code *found on your wallet card* to do so.

Web Site: www.dos.pa.gov/eng
Telephone: 717-783-7049