

## STATE REGISTRATION BOARD FOR PROFESSIONAL ENGINEERS,

## Mailing Address:

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

## LAND SURVEYORS AND GEOLOGISTS

Tel: 717.783.7049 Fax: 717.705.5540  
E-Mail: st-engineer@pa.gov  
Website: www.dos.pa.gov/eng

## Courier Address:

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

## TEMPORARY PRACTICE PERMIT APPLICATION

Follow Instructions Below and Submit All Required Documents

## Applicant Checklist:

A Temporary Practice Permit may be issued to an individual currently licensed in another state: Provided that standards of such state or territory are at least equal to the standards of Pennsylvania.

1. Application must be **typed OR printed BLACK ink**. Application must be submitted at least 30 days prior to the requested beginning date shown in item 8c.
2. **Applicant must be currently licensed** to practice in his state of residence. Applicant cannot be a resident of Pennsylvania NOR have a place of business in Pennsylvania.
3. Complete pages 1 - 4 of application.
4. **Verification of Examination / Registration** must be completed by the State Board which granted your license by examination AND a verification of current licensure from your state of residence. The *Verification of Examination / Registration* must be **mailed directly to the Board office from the states involved**. If the 2 parts of the examination were passed in different states, a separate verification form must be obtained from each. You may duplicate the verification form, if needed, for additional verifications.
5. **Education** information requested on Page 2, Section 6 must be listed.
6. **Section 9** must be answered. 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, including documentation of your successful completion of any sentencing requirements and the final disposition. NOTE: Answering "YES" to any of the questions will not result in the automatic denial of your application.
7. **Foreign Graduates:** If your bachelor's degree is from a school outside of the United States and is NOT recognized by ABET under the Washington Accord or as substantially equivalent, include a copy of the CPEES / ABET evaluation of your foreign education. ([www.cpees.org](http://www.cpees.org))
8. **Social Security Act Certification:** Sign and date SS Certification (Section 10) on page 4 of the application.
9. Sign and date the **Code of Ethics and Verification Statement** (Section 11) on page 4 of application.
10. Applicant must affix his Professional Engineer, Land Surveyor or Geologist SEAL where indicated in Section 12.
11. Maintain for your records a copy of your completed application prior to submission.
12. Forward application and fee of \$25 made payable to "Commonwealth of Pennsylvania" to address above.
13. Allow 2-3 weeks for processing. Mail your application "Certified-Return Receipt" for proof of receipt. If this application is approved, the Temporary Permit will be mailed to the address indicated in Section 1.

**NOTE:** A temporary permit is valid for no more than 30 days in a calendar year and need not be consecutive. The permit cannot be transferred to another year should unused days remain; separate permits are required for each year.

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.

**PENNSYLVANIA ♦ TEMPORARY ♦ APPLICATION**

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**ENGINEER ♦ LAND SURVEYOR ♦ GEOLOGIST**

**TEMPORARY PRACTICE PERMIT APPLICATION**

Follow Attached Instructions and Submit All Required Documents

**Section 1**

**Applicant Information. (Must be typed or completed in BLACK ink.)**

Show name as you wish it to appear on the Temporary Practice Permit:

a) Last Name:

b) First Name:

c) Middle:

d) Social Security #

e) Date of Birth:

f) Business Address:

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):

l) State of Residence:

License No.:

Expiration Date:

**Section 2**

**Board Application Fee - \$25.00**

NOTE: A \$20.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason for non-payment.

Submit check or money order in the amount of **\$25.00** payable to the "Commonwealth of Pennsylvania". Fees are non-transferable and non-refundable.

**Section 3**

**Requesting a Temporary Practice Permit for the following (check one):**

 Professional Engineer Professional Land Surveyor Professional Geologist

↓ **OFFICIAL USE ONLY** ↓

 Approved Disapproved - Comments:

Signature:

Date:



Name of Applicant: \_\_\_\_\_

**Section 9** Please Answer the Following Questions:

<p>The following <u>must</u> be answered. If you answer "YES", to any questions #3 thru question #7, you must provide a full written explanation on an 8 ½ x 11: sheet of paper AND submit a certified copies of any and all relevant Board, court and/or Legal documents, including documentation of your successful completion of any sentencing requirements and the final disposition. NOTE: Answering "YES" to any question #3 thru question #7 will not necessarily result in the automatic denial of your application.</p>	<p><b>YES</b></p>	<p><b>NO</b></p>
<p>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?</p>		
<p>2. If you answered yes to the above question, please provide the profession and state or jurisdiction. _____</p>		
<p>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></p>		
<p>4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?</p>		
<p>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?</p>		
<p>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.</p>		
<p>7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?</p>		

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 Public Welfare (DPW), this licensing board must provide DPW information prescribed by DPW 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 Code of Ethics and Verification Statement**

I hereby subscribe to and agree to abide by the following Code of Ethics: (your signature below indicates affirmation of this code).

It shall be considered unprofessional and inconsistent with honorable and dignified bearing for any professional engineer, professional land surveyor or professional geologist:

1. To act for his client or employer in professional matters otherwise than as a faithful agent or trustee, or to accept any remuneration other than his stated recompense for services rendered.
2. To attempt to injure falsely or maliciously, directly or indirectly, the professional reputation, prospects or business of anyone.
3. To attempt to supplant another engineer, land surveyor, or geologist after definite steps have been taken toward his employment.
4. To compete with another engineer, land surveyor or geologist for employment by the use of unethical practices.
5. To review the work of another engineer, land surveyor or geologist for the same client, except with the knowledge of such engineer, land surveyor or geologist, or unless the connection of such engineer, land surveyor or geologist with the work has terminated.
6. To attempt to obtain or render technical services or assistance without fair and just compensation commensurate with the services rendered: Provided, however, the donation of such services to a civic, charitable, religious or eleemosynary organization shall not be deemed a violation.
7. To advertise in self-laudatory language, or in any other manner, derogatory to the dignity of the profession.
8. To attempt to practice in any field of engineering, land surveying or geology in which the registrant is not proficient.
9. To use or permit the use of his professional seal on work over which he was not in responsible charge.
10. To aid or abet any person in the practice of engineering, land surveying or geology not in accordance with the provisions of Act 367 or prior laws.

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:

**Section 12 - Seal**

Professional Seal of Applicant – Affix seal in the space provided from the state named in Section 1(L)



# VERIFICATION OF EXAMINATION / REGISTRATION

PENNSYLVANIA

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

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## INSTRUCTIONS

It is the responsibility of the applicant to request the necessary verification(s). After completion by the appropriate State board, this form must be sent directly to the PA Board office.

1. **Applicants for Examinations:** This form must be completed by the State Board (if other than PA) where you passed the Engineer-In-Training examination.
2. **Applicants for Reciprocity OR Temporary Permit:** This form must be completed by the State Board that granted your license by exam. If the 2 parts of the exam were passed in different states, a separate verification must be obtained from each.

(You may duplicate this form if necessary.)

### 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 (Or accepted from: _____)			
<input type="checkbox"/> Professional Engineer (Or accepted from: _____)			
<input type="checkbox"/> Surveyor-in-Training (Or accepted from: _____)			
<input type="checkbox"/> Prof. Land Surveyor (Or accepted from: _____)			

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

**III. Basis of Registration:**

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

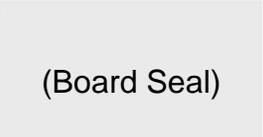
**IV. Oral Examination** \_\_\_\_\_ hrs. PE \_\_\_\_\_ hrs. LS Date: \_\_\_\_\_

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

**VI. Education and Experience:** If less than 8 years of experience including graduation from ABET engineering curriculum, please check here  and give details on other side or attach details.

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

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



# VERIFICATION OF EXAMINATION / REGISTRATION – GEOLOGIST

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## INSTRUCTIONS

It is the responsibility of the applicant to request the necessary verification(s). After completion by the appropriate State board, this form must be sent directly to the PA Board office.

**1. Applicants for Examinations:** This form must be completed by the State Board that granted your license by exam. If the 2 parts of the exam were passed in different states, a separate verification form must be obtained from each.

**2. If you have not maintained an active license in your exam state, you must also request verification from the state in which you maintain an active license.**

(You may duplicate this form if necessary.)

### ***THIS PORTION TO BE COMPLETED BY APPLICANT***

TO: (State Board Completing Form)

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

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

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

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

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

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

1. The above named person is registered as:

Geologist in-  
Training      License # \_\_\_\_\_ Date Issued \_\_\_\_\_

Professional  
Geologist      License # \_\_\_\_\_ Date Issued \_\_\_\_\_

### ***THIS PORTION TO BE COMPLETED BY STATE BOARD***

I. Expiration Date of License: \_\_\_\_\_ Disciplinary Actions:  Yes  No  
If "Yes", please provide certified copies of action.

II. Minimum Requirements Were:

- |    |  | Name of Exam | # Hrs. | Date  | Score |
|----|--|--------------|--------|-------|-------|
| 1. | <input type="checkbox"/> Written Examination   | _____        | _____  | _____ | _____ |
| 2. | <input type="checkbox"/> Education: Type of degree and major: _____<br>Date of degree: _____ |              |        |       |       |
| 3. | <input type="checkbox"/> Experience: No. of Years _____                                      |              |        |       |       |
| 4. | <input type="checkbox"/> Oral Examination _____ hrs.   |              |        |       |       |
| 5. | <input type="checkbox"/> Comity with: (1) _____ (2) _____                                    |              |        |       |       |
| 6. | <input type="checkbox"/> Other: Please provide full details on reverse side.                 |              |        |       |       |

III. SIGNATURE & TITLE: \_\_\_\_\_

(Board Seal)

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