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

Email: 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.

Mailing Address:
Engineer Board
P. O. Box 2649
Harrisburg PA 17105
Website: www.dos.pa.gov

Courier Address:
Engineer Board
2601 N 3rd St
Harrisburg PA 17110

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

TO: (State Board Completing Form)

(Name of Applicant)

(Street Address)

(City) (State) (Zip)

(Social Security Number) (Date of Birth)

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

<table>
<thead>
<tr>
<th>Certificate #</th>
<th>Date Issued</th>
<th>License #</th>
<th>Date Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Geologist in Training</td>
<td>____________</td>
<td>☐ Professional Geologist</td>
<td>____________</td>
</tr>
</tbody>
</table>

II. Minimum Requirements Were:

<table>
<thead>
<tr>
<th>Name of Exam</th>
<th># Hours</th>
<th>Date</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Written Examination</td>
<td>_________</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>2. Education: Type of Degree and Major:</td>
<td>___________________________</td>
<td>Date of Degree:</td>
<td></td>
</tr>
<tr>
<td>3. Experience: No. of Years</td>
<td>___________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Oral Examination</td>
<td>_________ Hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Comity with: (1)</td>
<td>___________________________</td>
<td>(2)</td>
<td>___________________________</td>
</tr>
<tr>
<td>6. Other: Please provide full details on reverse side.</td>
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<td></td>
</tr>
</tbody>
</table>

Expiration Date of License: ________________
Disciplinary Actions: ☐ Yes ☐ No
If “Yes”, Please provide certified copies of action

Signature and Title: ___________________________

Board: ___________________________ Date: ____________