

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 Email: st-engineer@pa.gov

Courier Address:

Engineer Board
2601 N 3rd 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)

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

	Certificate #	Date Issued	License #	Date Issued
<input type="checkbox"/> Geologist in Training _____			<input type="checkbox"/> Professional Geologist _____	

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	# Hours	Date	Score
1. <input type="checkbox"/>	Written Examination _____	_____	_____	_____
2. <input type="checkbox"/>	Education: Type of Degree and Major: _____ Date of Degree: _____			
3. <input type="checkbox"/>	Experience: No. of Years _____			
4. <input type="checkbox"/>	Oral Examination _____ Hours			
5. <input type="checkbox"/>	Comity with: (1) _____ (2) _____			
6. <input type="checkbox"/>	Other: Please provide full details on reverse side.			

Signature and Title: _____

Board: _____ Date: _____

