



REQUEST FOR VERIFICATION OF REGISTRATION OR EXAMINATION

To: _____ Date: _____
Board Making Certification

Street or P.O. Box

File: _____
City State Zip

LICENSEE INFORMATION

Name: _____
Address: _____
Street City, State Zip
SSN: _____ DOB: _____

I. THE ABOVE NAMED PERSON WAS CERTIFIED OR REGISTERED AS:

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

II. BASIS OF REGISTRATION

Written Examination: Results (pass/fail/grade cutoff score)

	Hours	Results (pass/fail/grade cutoff score)	NCEES Exam	Exam Date
FE			<input type="checkbox"/> YES <input type="checkbox"/> No	
PE			<input type="checkbox"/> YES <input type="checkbox"/> No	
FLS			<input type="checkbox"/> YES <input type="checkbox"/> No	
PLS			<input type="checkbox"/> YES <input type="checkbox"/> No	
Other: _____			<input type="checkbox"/> YES <input type="checkbox"/> No	

Examination Option: (Discipline) _____
 Oral Examination: _____ hrs. PE _____ hrs. PLS
 EIT/LSIT Accepted from: _____
 PE/PLS Accepted from: _____
 Other: _____

III. QUESTIONS

- Has any disciplinary action been taken against the applicant? YES No
- If so, has this disciplinary case been satisfied to the Board's requirements? YES No
If not, give details. _____

IV. REMARKS: _____

BY: _____ TITLE: _____ DATE: _____

(If a fee is required, please notify the applicant, but do not delay the processing of this form).