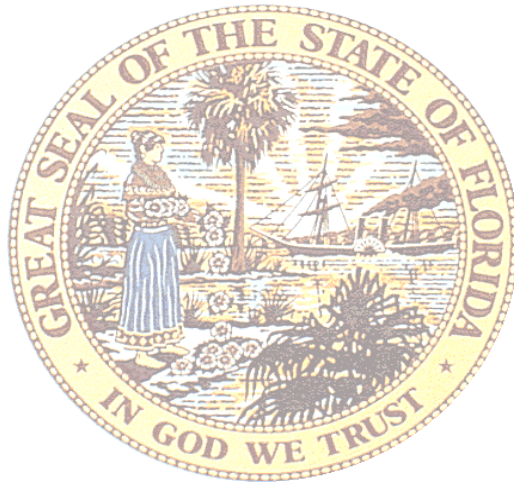


Florida Board of Professional Engineers

2639 North Monroe Street, Suite B-112
Tallahassee, Florida 32303



Application for Licensure By Examination

CHECK LIST

- ALL INFORMATION MUST BE TYPED. NOT TYPING THE INFORMATION PROVIDED IN THE APPLICATION WILL RESULT IN THE PAYMENT AND APPLICATION BEING RETURNED TO YOU TO BE FILLED OUT CORRECTLY. THIS WILL CAUSE A DELAY IN THE PROCESS AND MAY RESULT IN A MISSED APPLICATION DEADLINE.**
- Complete Application in its entirety and submit to FBPE along with the \$230 fee– Pages 1-8
- Attach fee (\$230.00). We do accept personal checks (no starter checks), cashier's checks or money orders for payment. We do not accept credit card or cash for payment. The following information must also be included in your payment:

Complete full name, address, and telephone number - including area code. (Note: this information must appear typed on all personal and business checks. Hand written information will not be accepted). Checks should be made payable to FBPE.
- Complete **Verification of Education Release** form and forward to college or university - Page 6
- Complete top portion of **Personal Reference Forms** and forward to the three Professional Engineers who will submit personal reference forms for your application. - Page 7
- Complete top portion of **Experience/Employment Verification** and forward to the Practicing Engineer/ Professional Engineers who are verifying your engineering experience. - Page 8
- Complete top portion of **Verification of Licensure / Examination** and forward to state where you passed the Fundamentals Exam (EI). If you passed the examination in Florida, disregard. - Page 5
- Florida requires an EAC/ABET engineering degree. If you do not have a Board approved engineering degree, pursuant to Florida Statute 471.013(1) and FAC 61G15-20.001, **YOU DO NOT QUALIFY FOR LICENSURE IN THE STATE OF FLORIDA.** Please contact the PE Exam Desk at (850) 521-0500 for more information.
- If you hold a foreign engineering degree or a Non EAC-ABET Engineering BS degree, you are required to obtain an evaluation of your degree. 61G15-20.001 FAC
- Personal Reference Form (each form must be signed & sealed by a PE.)

NOTE: A link to the online Study Guide will be forwarded to you upon receipt of your application.

**INSTRUCTIONS FOR APPLICATION AND
ELIGIBILITY TO REGISTER FOR THE NCEES
PRINCIPLES AND PRACTICE EXAMINATION**

The Florida Board of Professional Engineers contracts with NCEES EXAM ADMINISTRATION SERVICES to administer the engineering examinations. You must file your application for each exam date with the Board of Professional Engineers, and you must receive notice of eligibility to sit for examination, *prior* to registering with NCEES, at www.ncees.org.

In order to qualify for the Principles and Practice Licensure Examination, you must meet the requirements set forth in Section 471.013, Florida Statutes, (F.S.) and Section 61G15-20.002, Florida Administrative Code (F.A.C.) These sections of the statute and rules refer to education, proof of passing the NCEES Fundamentals examination, and required engineering experience.

Florida requires an EAC/ABET engineering degree. If you do not have a Board approved engineering degree, pursuant to Florida Statute 471.013(1) and FAC 61G15-20.001. YOU DO NOT QUALIFY FOR LICENSURE IN THE STATE OF FLORIDA. Please contact the PE Exam Desk at (850) 521-0500 for more information.

If you hold a foreign engineering degree or a non EACT-ABET engineering BS degree, you are required to obtain an evaluation of you degree. 61G15-20.001 FAC

The Board office will process your application and when deemed administratively complete with required documentation, the Board's Application Committee will review the application. It is recommended that applications be sent to the board office as completed as possible. References and Verifications can be sent with the application. Transcripts can also be attached to the application in an unopened sealed envelope from the applicant's university. The full Board must ratify all actions of Board's Application Committee. If your application is approved, you will receive a Notice of Approval with a Candidate Number. **Approvals are exam date specific.** If your application is denied, you will receive a Notice of Denial. If you do not show or if you do not pass the exam, then you will be required to submit a new re-examination application and fee for board approval of your next desired exam date. A "no show" will not count as a failure.

NOTE: *If the original licensure fee is over 3 years old, then an initial application and fees will be required for re-examination.*

NOTE: *If you are submitting this initial application due to expired fees/the previous application has been over 3 years, then attach a cover letter with explanation. You will not need to submit experience record or verifications to address work experience prior to first initial application. For example, if you first applied and were approved in 2000 and are reapplying in 2006, then you only need to submit experience record from 2000-2006. Additionally, El verification and transcripts will not be required. The remainder of the application is required.*

You should mail your application at least ten days prior to the receipt date.

Applications deadlines are posted on the FBPE website at <http://fbpe/licensure/engineer-exam>. Application received after the deadline date will be processed for the next subsequent examination.

When you receive your Notice of Approval email with your Candidate Number from the Board, you must then register with NCEES EXAM ADMINISTRATION SERVICES at www.ncees.org.

REMEMBER: *You will receive Board notices electronically via email. It is your responsibility to check the deadlines on the NCEES website and the FBPE website.*

NOTE: *Please view updated exam discipline lists online at www.ncees.org, as they are subject to change.*

APPLICATION INSTRUCTIONS

ORIGINAL PROFILE DATA

Your name as it appears on your application will appear on your license.

Note: Social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 455.203(9), 455.213(1), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

VERIFICATION OF EDUCATION RELEASE

Send this document directly to all institution(s) you attended and to all institution(s) from which you received your engineering and/or non-engineering degree(s). The institution(s) will complete this document and forward it along with a certified transcript directly to the Board Office.

NOTE: If you completed an evaluation of your foreign degree in the EI/Fundamentals Exam application for examination in Florida, then a duplicate evaluation is not required.

VERIFICATION OF LICENSURE

Send this form to the state in which you passed the NCEES Fundamentals Examination (E.I.)
If you took the exam in Florida, then disregard this form.

PERSONAL ENGINEERING REFERENCE

Make three (3) copies of this document and send one to each of the individuals serving as personal references, references **must be licensed professional engineers**. The licensed engineer must sign and seal the personal reference. List these engineer's names and addresses on Page 3. **Personal references cannot verify engineering experience. Applicant should only fill out the top portion of this form.**

EXPERIENCE

Your engineering experience must be listed consecutively and should correspond to the dates on the Experience Verification documents. List your experience history in chronological order starting with your earliest experience and proceeding to your most recent employment. **You must have 48 months of engineering experience at the time you submit the PE Exam Application.**

Failure to provide adequate detail may result in the denial of your application. You must list full time and part-time engineering or non-engineering related on the experience form. **ONE EXPERIENCE form for each employer.** Non-engineering experience will not require verification unless requested by the Board. **A PE must sign and seal the employment (engineering experience) verification form(s).** Use the Experience Verification form to verify experience. If verification becomes impossible, submit a notarized letter listing the company name, the date of employment and an explanation of the difficulties in securing the verification, see Rule 61G15-20.002 Experience, which is included in packet.

Below is a description of how of the **Experience Section** must be completed:

Column #1: Non-engineering employment.

Column #2: Engineering experience prior to undergraduate degree

Column #3: Engineering experience AFTER receiving engineering degree

Column #4 Advanced Degrees

Column #5: Board Use Only

All engineering and non-engineering experience must be listed and printed or typed legibly. You must complete the 48 months or more of engineering experience at the time of submitting your application. **Personal References must be listed on the notary page; however, they CANNOT be used as both experience verification and personal reference.**

EXPERIENCE/EMPLOYMENT VERIFICATION

Section 471.013, F.S., states that applicants must have completed four years of engineering experience in order to apply for the Principles and Practice examination. By Rule, Section 61G15-20.002, Florida Administrative Code, the Board Professional Engineers defines that 48 months of engineering experience be completed **at the time of submitting an application.** **Applicant should only fill out the top portion of this form.**

Make copies of the experience verification form and send one to each of the Professional **or** Practicing Engineers who will be verifying your engineering experience.

→**Engineers verifying your experience cannot be used as personal references.**

NOTE: The verification of experience must coincide with dates listed on the experience section of the application. CHAPTER 471, F.S., RULE 61G15, F.A.C.,

**LAWS AND RULES STUDY GUIDE
(CHAPTER 471, F.S., RULE 61G15, F.A.C.,)
33 Questions on the Florida Laws & Rules**

Please read Chapter 471, F.S. and Rule 61G15, F.A.C. to become aware of the rules regulating the engineers in the State of Florida. Use the website link that will be sent to you and complete the study guide online. Retain a copy of the Florida Laws and Rules for future reference.

NOTE: Registered Professional Engineers are persons holding professional engineering registration in any state.

Practicing Engineers are those persons in the engineering professions who are not required to be licensed in their state.

Refer to Rule 61G15-21.002(2)(a), F.A.C. for additional information.

NOTE: Successful completion of the FBPE Study Guide, covering Chapter 471, Florida Statutes and Rule 61G15, Florida Administrative Code, is required for licensure. The Study Guide is an online text with thirty three (33) questions. You will be sent a link to the website with logon information. You will then complete the Study Guide online and your results will be sent directly to FBPE for inclusion with your file. You will also receive a Certificate of Completion once you have successfully completed the Study Guide.

As you begin the application process, please note you will receive the following notices electronically via email:

- A notice of incomplete status
- Notice of file complete for Board review
- Notice of approval
-

You must provide a current email address on the application to receive notices from FBPE. All email addresses are public records pursuant to F.S. Chapter 119.011(12)

SPECIAL TESTING ACCOMMODATIONS

APPLICATION FOR DISABILITY ACCOMODATION

Please contact NCEES at www.ncees.org.

RELIGIOUS CONFLICTS

Please contact NCEES at www.ncees.org.

If you have any questions concerning Licensure by Examination, please contact our office.

**ATTENTION: PE Exam Desk
Licensure Analyst
Florida Board of Professional Engineers
2639 N. Monroe Street, Suite B-112
Tallahassee, Florida 32303
(850) 521-0500
www.fbpe.org**

To ensure you receive prompt email communications from FBPE, remember to add www.fbpe.org to your address book.

If your email provider allows, you should also make our email address a safe domain for receipt of emails.

When you receive your Approval Notice Email from the Board Office with your Candidate Number, you *must* then register with NCEES EXAM ADMINISTRATION SERVICES at www.ncees.org.

Application Type



PRINCIPALS AND PRACTICE EXAMINATION APPLICATION



**Fee: \$230
(Made Payable to FBPE)**

NAME	Last:	First:	Middle:
-------------	-------	--------	---------

MAILING ADDRESS	Number and Street:		Apt/Lot No.:	
	City:	State:	Zip Code:	County:

HOME TELEPHONE NUMBER:	BUSINESS TELEPHONE NUMBER:	EMAIL ADDRESS: <small>* All email addresses are public records pursuant to F.S. Chapter 119.011(12)</small>
-------------------------------	-----------------------------------	---

DATE OF BIRTH (MM/DD/YYYY):	*SOCIAL SECURITY NO.: <small>*Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 455.213(1), 409.2577, and 409.2598, Florida Statutes.</small>
------------------------------------	---

(ATTACH CHECK HERE)

EDUCATION HISTORY						
Name & Addresses Colleges/Universities Attended:	Type of Degree Received:	Did you graduate Y/N	If Currently enrolled, list anticipated date of graduation. MM/YYYY	In what discipline of engineering was or will your degree be issued?		
		<input type="checkbox"/> / <input type="checkbox"/>				
		<input type="checkbox"/> / <input type="checkbox"/>				
		<input type="checkbox"/> / <input type="checkbox"/>				
Please indicate exam date preference applying for: <input type="checkbox"/> April 20 <input type="checkbox"/> October 20						
Have you filed an application with this office previously? <input type="checkbox"/> YES <input type="checkbox"/> NO						
If yes, list the date of the last Engineer Intern Examination you have taken or were scheduled for:						
EXAMINATION HISTORY						
Have you ever taken a written Engineering Examination in any state or U.S. Territory? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Number of times did you take each exam? _____ PE _____ EI						
	WHERE?	WHEN?	RESULTS?	LICENSE #?		
Engineer Intern						
Professional Engineer						
LICENSURE HISTORY						
Do you now hold or have you ever held a license or registration to practice engineering in any state or U.S. Territory? (including Florida If yes, show all such licenses below or use a separate sheet if necessary).					YES <input type="checkbox"/>	NO <input type="checkbox"/>
State	License No.:	Year Issued:	Type of License:	If License is not in force, how and when validity ceased	License Status	
APPLICATION HISTORY (ATTACH ADDITIONAL SHEETS IF NECESSARY)					YES	NO
A) Have you ever been convicted or found guilty, or entered a plea of guilty or nolo contendere regardless of adjudication, of a crime in any jurisdiction, or have you ever been found guilty by a military court-martial? (Do not include any pending charges or non-criminal traffic offenses). If YES, please list date, jurisdiction (state and county), offense, disposition, and all other relevant information					<input type="checkbox"/>	<input type="checkbox"/>
B) Have you ever been declared legally incompetent in the past five (5) years? If YES, please explain in full on attached sheet(s) including full details as to court, dates and circumstances, and Medical practitioners consulted.					<input type="checkbox"/>	<input type="checkbox"/>
C) Have you ever undergone treatment for the use of drugs, narcotics, or intoxicating liquors in the past five (5) years?					<input type="checkbox"/>	<input type="checkbox"/>
If "C" above is answered YES, Please show on additional sheet(s) the relevant dates and circumstances of such treatment along with the names and addresses of the medical practitioners who treated you. In addition, it will be necessary for you to direct each of the practitioners or hospitals that treated you to furnish the board any information the Board may request with respect to such treatment.						
APPLICATION HISTORY – LICENSURE					YES	NO
A) Have you ever been denied the right to take an Engineering examination in any state?					<input type="checkbox"/>	<input type="checkbox"/>
B) Have you ever been refused an Engineering license – or the renewal thereof – in any state?					<input type="checkbox"/>	<input type="checkbox"/>
C) Have you ever had a certificate of registration to practice Engineering revoked, suspended or otherwise acted against. (including probation, fine or reprimand) in a disciplinary proceeding in any state?					<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL ENGINEERING REFERENCES

Show below the names and address of at least three (3) engineering references. (All three must be professional engineers who must sign & seal the personal reference forms.) * **Do not use the same individual to verify employment (61G15-20.002(2)).**

Name	Address
1. _____	
2. _____	
3. _____	

If "A", "B", or "C" are answered YES, you must provide complete details as to state(s), license number(s), date(s) and relevant circumstances on attached sheet(s).

Professional Engineer Discipline:

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare and state that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant
Sign Here  _____ **Date** _____

EXPERIENCE FORM TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME: _____	Type of Experience	%
EXPERIENCE RECORD: SUMMARY AND DESCRIPTION Name and Address of Employer at Time of Employment: Work Experience #: _____	Engineering Design	
Name: _____ Address: _____ _____ _____	Engineering Studies, Reports, Evaluations	
Contact #: _____	Engineering Research, Data Preparation & Interpretation	
Date of Employment: From _____ to _____	Other Engineering Related Activities	
	Non-Engineering (including surveying)	

List all employment/experience beginning with earliest experience:

(A minimum of four years or forty eight (48) months) must be verified at the time of submitting your application. Employment verification must be completed by professional or practicing engineers using the Employment/Client Verification form (pg. 8). All engineering experience after graduation or prior to graduation shall be listed beginning with earliest experience. Non-engineering experience or periods of unemployment shall be listed but is not required to be verified. If self-employed or are an officer or principal of a company, you are required to submit five (5) client references in lieu of employment verification using page 9 of the application.

Applicant must provide detailed and specific statements defining design work performed and must list the projects for which he/she had full or partial responsibility, including a statement of the extent and complexity of work performed. *Use one form for each work experience.* Make as many copies of this form as you need to list employment.

Your application will be considered incomplete if a detailed statement is not included.

DESCRIPTION:

FLORIDA BOARD OF PROFESSIONAL ENGINEERS

2639 N. MONROE STREET, SUITE B-112
 TALLAHASSEE, FLORIDA 32303
 (850) 521-0500

VERIFICATION OF LICENSURE / EXAMINATION

ENDORSEMENT

**FROM STATE VERIFYING
 LICENSURE/ EXAMINATION**

(PLEASE WRITE THE NAME OF THE STATE COMPLETING DOCUMENT)

TO: FLORIDA BOARD OF
 PROFESSIONAL ENGINEERS
 2639 N. MONROE STREET, SUITE B-112
 TALLAHASSEE, FLORIDA 32303

Date _____

Name of Applicant _____

Street _____

City _____ State _____ Zip _____

Date of Birth _____

THE ABOVE NAMED PERSON WAS CERTIFIED OR REGISTERED AS:

	CERTIFICATE NUMBER	DATE ISSUED	VALID UNTIL	DATE APPLIED
Engineer Intern	_____	_____	_____	_____
Professional Engineer	_____	_____	_____	_____

BASIS OF REGISTRATION:

1. Written Examination

	Exam Date	Pass / Fail	NCEES (Y or N)	Number of Exams Taken
Engineer Intern (Fundamental)	_____	_____	_____	_____
Professional Engineer	_____	_____	_____	_____

Examination Option: _____

2. EI Accepted From: _____

PE Accepted From: _____

III. REMARKS:

BY: _____

(BOARD SEAL REQUIRED)

TITLE: _____

DATE: _____

VERIFICATION OF EDUCATION RELEASE

(Transcript Request)

If you are a graduate of a Bachelor, Master and/or Doctorate degree, please forward this completed form to the college or university with a request that a transcript be submitted to our office.

Name and Address of Institution:

Name and Address of Applicant:

Social Security No.: _____

Telephone #: _____

*Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 455.213(1), 409.2577, and 409.2598, Florida Statutes.

Date of Attendance: _____

Degree Awarded: _____

Date Degree Awarded: _____

Discipline: _____

Please forward this document, along with an official copy of my transcript, to the Florida Board of Professional Engineers, 2639 N. Monroe Street, Suite B-112, Tallahassee, Florida 32303. If there is a fee to release the requested transcript, please contact me immediately.

Signature of Applicant: _____

Date: _____

**RETURN THIS DOCUMENT
AND TRANSCRIPT TO:**

(SCHOOL SEAL)

Florida Board of Professional Engineers
2639 N. Monroe Street, Suite B-112
Tallahassee, FL 32303
(850) 521-0500

FLORIDA BOARD OF PROFESSIONAL ENGINEERS

2639 N. MONROE STREET, SUITE B-112
TALLAHASSEE, FLORIDA 32303

PERSONAL REFERENCE FOR LICENSURE BY EXAMINATION

Name of Applicant

Name of Reference

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Date of Birth

Telephone No.

Telephone No.

Indicate date document was forwarded to reference: _____

DO NOT INITIATE REFERENCE DOCUMENTS UNTIL FILING THE APPLICATION

I have given your name as a reference and have submitted to the Board of Professional Engineers a signed Certification of Release Statement authorizing "any individual, company or institution with whom I have been associated with, to furnish the Florida Board of Professional Engineers with any information concerning my qualifications for professional registration in Florida which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information."

Will you kindly furnish from your company records, the information requested below and forward the completed document directly to the Florida Board of Professional Engineers.

Applicants Signature

TO BE COMPLETED BY REFERENCE:

1. I have known the above applicant for _____ years.
2. I know the applicant is or was engaged in engineering for _____ years at _____
(name of company)
3. I know the applicant has been in an increasing level of responsibility of engineering for _____ years.
4. Please comment on the applicant's engineering work as indicated in question #3 for the above outlined time frame as to:
 - a. Experience: _____
 - b. Ability: _____
 - c. Competency: _____
5. What is your opinion of the applicant's personal integrity and reputation? _____
6. Would you employ applicant in a position of trust? Yes No

To the best of my knowledge, the above is true and correct.

Licensed Professional Engineer

State(s) of Licensure: _____

Signature: _____

Date and Title/Position: _____

PE Seal required (see instructions)

FLORIDA BOARD OF PROFESSIONAL ENGINEERS

2639 N. MONROE STREET, SUITE B-112
TALLAHASSEE, FLORIDA 32303

EMPLOYMENT / EXPERIENCE VERIFICATION FOR LICENSURE BY EXAMINATION

Name of Applicant _____	Name of Company _____
Street Address _____	Name of Person Completing Form _____
City, State, Zip Code _____	Street Address _____
Date of Birth _____	City, State, Zip Code _____
Telephone No _____	Telephone No. _____

Indicate date document was forwarded to reference: _____

DO NOT INITIATE REFERENCE DOCUMENTS UNTIL FILING THE APPLICATION

I have given your name as an employer/client and have submitted to the Board of Professional Engineers a signed Certification of Release Statement authorizing "any individual, company or institution with whom I have been associated with, to furnish the Florida Board of Professional Engineers with any information concerning my qualifications for professional registration in Florida which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information."

Will you kindly furnish from your company records, the information requested below and forward the completed document directly to the Florida Board of Professional Engineers.

Applicants Signature

TO BE COMPLETED BY REFERENCE:

1. The above applicant is or was employed with this company from _____ to _____.
2. During his/her employment that applicant has worked with me/for me from _____ to _____.
3. I know the applicant has been engaged in engineering for _____ years.
4. I know the applicant has been in an increasing level of responsibility of engineering for _____ years.
5. Please comment on the applicant's engineering work as indicated in question #3 and #4 for the above outlined time frame as to:
 - a. Experience: _____
 - b. Ability: _____
 - c. Competency: _____
6. Using the interpretations below, please rate the practice and quality of performance of the applicant's engineering work.

Type of Practice	Responsible Charge		Above Average	Average	Below Average	Unsatisfactory	Unknown
	Yes	No					
Engineering Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Data Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To the best of my knowledge, the above is true and correct.

Professional Engineer State(s) of Licensure: _____

Practicing Engineer (Chapter 471.003(2))

Signature: _____

Date and Title/Position _____

PE Seal required (Professional Engineer)