

		APPLICATION FOR LICENSURE AS PROFESSIONAL ENGINEER			2639 N. Monroe St., Ste. B112 Tallahassee, FL 32303	
		Fee: to include Application Fee; Initial License fee and Unlicensed Activity fee. Refer to Rule 61G15-24.001, Schedule of Fees (Checks Should be Made Payable to FBPE)				
NAME		Last:	First:		Middle:	
Have you ever changed your name through marriage or action of a court, or have you ever been known by any other name ? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach a copy of the marriage certificate or legal court order.				Other Full Name(s) I am/have been known as:		
MAILING ADDRESS		Number and Street:			Apt/Lot No.:	
		City:	State:	Zip Code:		
HOME TELEPHONE NUMBER:		BUSINESS TELEPHONE NUMBER:		DATE OF BIRTH (MM/DD/YYYY):		
EMAIL ADDRESS: Do you wish to receive correspondence via email? <input type="checkbox"/> YES <input type="checkbox"/> NO Even if you do not wish to receive correspondence via email, you must provide a valid email address in order to attempt the Laws and Rules Study Guide. All email addresses are public records pursuant to F.S. Chapter 119.011(12).				SOCIAL SECURITY NO.: 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, F.S.		
Are you a NCEES Record Holder? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please list NCEES Record Number: _____ (If NCEES Model Law Record Holder, please skip to signature section and sign application.)						
WHAT IS YOUR NATIVE LANGUAGE? NOTE: Answering this question is voluntary. It is used by the Board to help reduce educational deficiencies for non-EAC/ABET engineering degrees or non ETAC/ABET engineering technology degrees that are typical of foreign-degree applicants.						
IMPORTANT INFORMATION						
All information must be typed; handwritten forms will not be accepted.						
EDUCATION HISTORY (Skip if NCEES Record Holder and Number Provided Above)						
Names of Colleges & Universities Attended and City/State/Country	Degree Received (e.g., BS, MS, PhD)	Did you graduate?		Graduation Date (MM/YYYY)	Engineering discipline (degree major)	
		YES	NO			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

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EXAMINATION HISTORY (Skip if NCEES Record Holder and Number Provided Above)						
Please provide information about any engineering examinations that you have taken in any U.S. state or territory: (Attach extra sheets as necessary.)						
Examination (e.g., FE, PE, SE)	Exam Location (City, State)	Date Taken (MM/YYYY)	Did you pass?		Exam Discipline	
			YES	NO		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
APPLICANT HISTORY (Skip if NCEES Record Holder and Number Provided Above)						
If you answer YES to any of questions A-F, attach a separate page that lists the following information: date; jurisdiction (state and county); offense; disposition; and all other relevant information.					YES	NO
A) Have you ever been convicted, found guilty, or entered a plea of guilty or <i>nolo contendere</i>, regardless of adjudication, of a crime (not including any pending charges or non-criminal traffic offenses) in any jurisdiction, or have you ever been found guilty by a military court-martial?					<input type="checkbox"/>	<input type="checkbox"/>
B) Have you previously filed an application with FBPE to take an engineering examination (other than the Fundamentals of Engineering Exam)?					<input type="checkbox"/>	<input type="checkbox"/>
C) Have you ever been denied the right to take an engineering examination in any U.S. state or territory?					<input type="checkbox"/>	<input type="checkbox"/>
D) Have you ever been refused an engineering license – or the renewal thereof – in any U.S. state or territory?					<input type="checkbox"/>	<input type="checkbox"/>
E) Have you ever had a license or registration to practice engineering revoked, suspended or otherwise acted against (including probation, fine or reprimand) in a disciplinary proceeding in any U.S. state or territory?					<input type="checkbox"/>	<input type="checkbox"/>
F) Are you currently under investigation or prosecution for a crime in any jurisdiction, or are you currently under investigation or involved in disciplinary proceedings by a licensing or regulatory authority of any jurisdiction?					<input type="checkbox"/>	<input type="checkbox"/>
LICENSURE HISTORY (Skip if NCEES Record Holder and Number Provided Above)						
If you have ever held a license or registration to practice engineering in any U.S. state (including Florida) or territory, please provide the following information on any such license(s). Attach extra sheets as necessary.						
State	License No.	Year Issued (YYYY)	Type of License	License Status (e.g., active, inactive, retired, revoked, suspended)	If License is not active, explain why and when it became inactive	

WORK EXPERIENCE SUMMARY (Skip if NCEES Record Holder and number provided above)

List all full-time work experience gained since completing your engineering degree, in chronological order (beginning with your earliest experience and ending with your current). If needed, use page 4 to continue the summary. A Work Experience is an association with one employer. A change in employer is a new experience. Explain any overlaps in employment dates, attaching extra sheets as necessary. LEAVE NO GAPS IN TIME. If you had gaps where you were not employed in the engineering field, in the space provided, list the dates and explain the reason for your employment status.

Claim for equivalent experience of 12 months for each graduate degree(s): (See instructions on page v for eligibility.)

Master's
 Doctorate

Dates attended: _____ to _____
_____ to _____

Work Experience # 1	From: (MM/DD/YY)	Months of Full-time Experience Being Claimed:	Employer:
	To: (MM/DD/YY)		
	Name of Verifying Engineer:		Verifying Engineer's License No. & State:
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.	From:	To:	Explain reason:
Work Experience # 2 (If applicable)	From: (MM/DD/YY)	Months of Full-time Experience Being Claimed:	Employer:
	To: (MM/DD/YY)		
	Name of Verifying Engineer:		Verifying Engineer's License No. & State:
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.	From:	To:	Explain reason:
Work Experience # 3 (If applicable)	From: (MM/DD/YY)	Months of Full-time Experience Being Claimed:	Employer:
	To: (MM/DD/YY)		
	Name of Verifying Engineer:		Verifying Engineer's License No. & State:
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.	From:	To:	Explain reason:
Work Experience # 4 (If applicable)	From: (MM/DD/YY)	Months of Full-time Experience Being Claimed:	Employer:
	To: (MM/DD/YY)		
	Name of Verifying Engineer:		Verifying Engineer's License No. & State:
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.	From:	To:	Explain reason:

WORK EXPERIENCE SUMMARY (cont'd.) (Skip, if NCEES Record Holder)			
If needed, use this sheet to continue summarizing your work experience. Continue in chronological order and fill in the Work Experience # in sequential order.			
Work Experience # (If applicable)	From: (MM/DD/YY)	Months of Full-time Experience Being Claimed:	Employer:
	To: (MM/DD/YY)		
	Name of Verifying Engineer:		Verifying Engineer's License No. & State:
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.			
	From:	To:	Explain reason:
Work Experience # (If applicable)	From: (MM/DD/YY)	Months of Full-time Experience Being Claimed:	Employer:
	To: (MM/DD/YY)		
	Name of Verifying Engineer:		Verifying Engineer's License No. & State:
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.			
	From:	To:	Explain reason:
Work Experience # (If applicable)	From: (MM/DD/YY)	Months of Full-time Experience Being Claimed:	Employer:
	To: (MM/DD/YY)		
	Name of Verifying Engineer:		Verifying Engineer's License No. & State:
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.			
	From:	To:	Explain reason:
Work Experience # (If applicable)	From: (MM/DD/YY)	Months of Full-time Experience Being Claimed:	Employer:
	To: (MM/DD/YY)		
	Name of Verifying Engineer:		Verifying Engineer's License No. & State:
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.			
	From:	To:	Explain reason:

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PROFESSIONAL REFERENCE SUMMARY (Skip if NCEES Record Holder and Number Provided Above)

Reference (1)	Name of Reference Engineer:	Reference Engineer's License No. & State:
	Reference Engineer's Address:	
Reference (2)	Name of Reference Engineer:	Reference Engineer's License No. & State:
	Reference Engineer's Address:	
Reference (3)	Name of Reference Engineer:	Reference Engineer's License No. & State:
	Reference Engineer's Address:	

SIGNATURE

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 may 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 _____



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

VERIFICATION OF LICENSURE

(NCEES Record Holders do not need to use this form)
 (Refer to Rule 61G15-20.0010)

NAME OF STATE OR TERRITORY VERIFYING LICENSE / EXAMINATION:

DATE:

RETURN THIS FORM TO:

Florida Board of Professional Engineers
 Attn: Licensure Desk
 2639 N. Monroe Street, Suite B-112
 Tallahassee, FL 32303

APPLICANT INFORMATION

NAME:

DATE OF BIRTH:

TO BE COMPLETED BY VERIFIER

The applicant is or was certified or registered in our state as indicated below:

CERTIFICATION / REGISTRATION	CERTIFICATE NUMBER	DATE ISSUED	VALID UNTIL
Engineer Intern	_____	_____	_____
Professional Engineer	_____	_____	_____
Other _____	_____	_____	_____

The basis of certification or registration in our state is indicated below:

BASIS OF REGISTRATION (EXAMINATION)	EXAM DATE	PASSED?	NCEES EXAM?	TOTAL # OF ATTEMPTS
Fundamentals of Engineering Exam	_____	Y / N	Y / N	_____
Principles and Practice of Engineering Exam	_____	Y / N	Y / N	_____
Structural Engineering (16-hour) Exam	_____	Y / N	Y / N	_____

REMARKS:

BY: _____
TITLE: _____
DATE: _____

(BOARD SEAL REQUIRED)



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

WORK EXPERIENCE

(Refer to Rule 61G15-20.002)

(NCEES Record Holders do not need to use this form)

Work Experience #

A copy of each WORK EXPERIENCE form, along with its corresponding VERIFICATION OF WORK EXPERIENCE form, is to be sent to the engineer who can personally verify the experience gained during the employment dates claimed.

APPLICANT INFORMATION

NAME:

EMPLOYMENT DATES:

From (MM/DD/YYYY):

To (MM/DD/YYYY):

Months of Work Experience Claimed:

EMPLOYER INFORMATION

Name of Company:

Name of Supervisor:

Street Address:

City, State, Zip Code:

Telephone:

TIME SHOWN ABOVE (refer to 471.013(1)(a)1 F.S. and 61G15-20.002(1)(b)(2)) (check only one):

- Was earned prior to completing my engineering degree
- Was earned after completing my engineering degree and in a full-time engineering capacity

Representative Projects (Include project name, location and type):

Description of Engineering Tasks & Duties:

Engineering Decisions Made and Level of Responsibility Attained:

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.

Applicant's

Signature: _____

Date: _____



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VERIFICATION OF WORK EXPERIENCE

(Refer to Rule 61G15-20.002)

(NCEES Record Holders do not need to use this form)

This form corresponds to Work Experience #

APPLICANT INFORMATION

Name:
 Street Address:
 City, State, Zip Code:
 Telephone:
 Email Address:
 Date of Birth:

VERIFIER INFORMATION

Name of Company:
 Name of Verifier:
 Street Address:
 City, State, Zip Code:
 Telephone:
 Email Address:

Please furnish the information requested below and forward the completed form directly to the Florida Board of Professional Engineers at the address at the top of this form.

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY VERIFIER

1. The applicant is or was employed with the above company from ___ / ___ / ___ to ___ / ___ / ___.

2. The applicant is or was under my **Responsible Charge** from ___ / ___ / ___ to ___ / ___ / ___.

If you answer **NO** to any of questions 3-6, please provide in the REMARKS section (below) an explanation or relevant information. Attach extra sheets as necessary.

(Circle One)

3. The applicant worked for or with me personally during this time. YES / NO

4. The applicant worked in an engineering capacity during this time. YES / NO

5. I have reviewed the attached WORK EXPERIENCE form and find that it accurately reflects the Work Experience gained by the applicant during this time. YES / NO
(ATTACH A COPY OF THE FORM REVIEWED).

6. The applicant gained an increasing level of engineering experience during this time. YES / NO

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7. Please comment on the applicant's: [NOTE: One-word answers will not be accepted. Use the space provided to give details.]

a. Type of Qualifying Experience:

b. Level of Engineering Competency:

c. Professional Integrity:

d. Would this employee be eligible for rehire? Yes ___ NO ___

REMARKS:

COMPLETE PART A BELOW IF YOU ARE A PRACTICING ENGINEER WHO IS EXEMPT FROM LICENSURE. COMPLETE PART B IF YOU ARE A LICENSED PROFESSIONAL ENGINEER.

PART A. The information above is true and correct, and I am currently a practicing engineer who is exempt from licensure as defined in F.S. 471.003(2).

Signature: _____

Date: _____

NOTE: For practicing engineers exempt from licensure, supplemental information is required (i.e. proof of engineering degree and proof of practice status).

PART B. The information above is true and correct, and I am currently licensed as a professional engineer.

Signature: _____

Date: _____

Licensing State: _____

License Number: _____

(PE Seal)

I do not possess a seal



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PROFESSIONAL REFERENCE

(Refer to Rule 61G15-20.002(2))

(NCEES Record Holders do not need to use this form)

APPLICANT INFORMATION

Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone: _____
 Email Address: _____
 Date of Birth: _____

REFERENCE INFORMATION

Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone: _____
 Email Address: _____
 Date Sent to Reference: _____

Please complete the remainder of this form and either 1) mail it to the Florida Board of Professional Engineers at the address at the top of this form or 2) return it to me so that I can send it with my application to the Board.

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY REFERENCE [NOTE: One-word answers to questions a through c will not be accepted. Use the space provided to give details.]

1. I have personally known the above applicant for ____ years.
2. The applicant has been in an increasing level of engineering experience and responsibility for ____ years.
3. Please comment on the applicant's:

a. **Type of Qualifying Experience:**

b. **Level of Engineering Competency:**

c. **Professional Integrity:**

4. Would you employ the applicant in a position of trust? **YES / NO** (circle one)

The information above is true and correct, and I am currently licensed as a professional engineer.

Signature of Reference: _____

Date: _____

Licensing State: _____

License Number: _____

(PE Seal)



