



CHANGE OF STATUS APPLICATION
Form FBPE/023

Fee: Refer to Rule 61G15-24.001, Schedule of Fees

Mail to:
2400 Mahan Drive
Tallahassee, FL-32308

| | | | |
|-------------|-------|--------|---------|
| 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 All correspondence, including renewal notices and the FBPE newsletter, are typically sent by email. 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. |
|--|---|

If you have any questions or need assistance in completing this application, please refer to our website: www.fbpe.org.

| Select the Action Requested | |
|---|--|
| <input type="checkbox"/> Set License to Active Status <input type="checkbox"/> Renew Delinquent and Set Active License Status <input type="checkbox"/> Reinstate Void License | <input type="checkbox"/> Set License to Inactive Status <input type="checkbox"/> Renew Delinquent and Set Inactive License Status |

APPLICANT HISTORY

| If you answer YES to any of questions A-C, complete the explanation of background questions section. | YES | NO |
|--|--------------------------|--------------------------|
| A) Since the last renewal of your license, 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) Since the last renewal of your license, have you had a license or registration to practice engineering or any regulated profession revoked, suspended, or otherwise acted against, (including probation, fine or reprimand) or been the subject of a disciplinary proceeding, in any jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| C) Are you currently under investigation or prosecution for a crime in any jurisdiction, or are you currently under investigation or pending discipline by a regulatory agency or entity of any jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |

Explanation of Background Questions (attach additional sheets, if necessary)

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Has all discipline been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Has all discipline been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |

STATEMENTS FOR CHANGE OF LICENSE STATUS - Please sign the appropriate statement below.

INACTIVE STATUS REQUEST

To change the status of an active license to inactive, the licensee must remit a completed Application and the fees specified by Rule 61G15-24.001, F.A.C. In accordance with Section 471.033, F.S., and with Rule 61G15-19.004(2)(c), F.A.C., I understand that I must report to the Board any action taken against a license that I hold in any jurisdiction since my last renewal. If I have had action against such license, I must provide an explanation and a copy of any Final Order to the Board.

Yes, I have been disciplined No, I have not been disciplined

I request that the status of my license be changed from Active to Inactive in accordance with Section 455.271, F.S. with the required fee attached to this application.

Applicant Signature _____

Date _____ PE License Number: _____

ACTIVE STATUS REQUEST

To change the status of an inactive license to active, the licensee must remit a completed Application, the fees specified by Rule 61G15-24.001, F.A.C., and proof of completion of eighteen (18) hours of continuing professional education as required by Rule 61G15-22.001, F.A.C.

In accordance with Section 471.033, F.S., and with Rule 61G15-19.004(2)(c), F.A.C., I understand that I must report to the Board any action taken against a license that I hold in any jurisdiction since my last renewal. If I have had action against such license, I must provide an explanation and a copy of any Final Order to the Board.

Yes, I have been disciplined No, I have not been disciplined

I request that the status of my license be changed from Inactive to Active in accordance with Rule 61G15-22.0002, F.A.C., with the required fee and documentation of CE hours attached to this application.

Upon return to Active status, I understand that I must complete continuing education requirements as found in Rule 61G15-22.001, F.A.C., for the upcoming renewal cycle.

Applicant Signature _____

Date _____ PE License Number: _____

RENEW DELINQUENT LICENSE TO ACTIVE OR INACTIVE STATUS

To renew a delinquent license to active status, the licensee must remit a completed application, the fees specified by Rule 61G15-24.001, F.A.C., and proof of completion of eighteen (18) hours of continuing professional education as required by Rule 61G15-22.001, F.A.C. Upon return to Active status, I understand that I must complete continuing education requirements as found in Rule 61G15-22.001, F.A.C., for the upcoming renewal cycle.

I request that the status of my license be changed from Delinquent to [] Inactive **OR** [] Active in accordance with Rule 61G15-22.0002(2), F.A.C., with the required fees and, if to active status, documentation of CE hours attached to this application.

In accordance with Section 471.033, F.S., and with Rule 61G15-19.004(2)(c), F.A.C., I understand that I must report to the Board any action taken against a license that I hold in any jurisdiction since my last renewal. If I have had action against such license, I must provide an explanation and a copy of any Final Order to the Board.

Yes, I have been disciplined No, I have not been disciplined

Applicant Signature _____

Date _____ PE License Number: _____

REINSTATEMENT OF VOID LICENSE

To Reinstate a void Florida professional engineer license, the licensee must remit a completed Application, all fees specified by Rule 61G15-24.001, proof of satisfaction of any discipline imposed against the void license, and either proof of licensure in good standing in another state or territory and active practice of engineering OR proof of completion of thirty six (36) hours of continuing education, including 2 hours of professional ethics and 1 hour of Florida Laws & Rules. **With the exception of the 1 hour of Florida Laws and Rules, which can be taken online, the remaining 35 hours must be in person; online and distance learning will not be accepted.**

I have attached all fees required by Rule 61G15-24.001, F.A.C.

and

If applicable, I have attached proof of completion of all disciplinary sanctions previously imposed against my Florida professional engineer license.

I am currently licensed, in good standing, and am actively practicing engineering in the state/territory of _____. Submit verification of licensure status thru NCEES or have the state/territory where you are actively practicing submit verification to FBPE.

or

I am not actively practicing engineering in another state or territory. I have attached proof of completion of 36 hours of Continuing Education, including 2 hours of professional ethics and 1 hour of Florida Laws & Rules.

I request the Reinstatement of my Void Florida PE license in accordance with Sections 455.271(6)(a) and 471.019, F.S. and Rule 61G15-22.0002, F.A.C., with the required fees and documentation attached to this application.

Applicant Signature _____

Date _____ Previous Florida PE License Number: _____