

FBPE

FLORIDA BOARD OF
PROFESSIONAL ENGINEERS

2400 Mahan Drive
Tallahassee, Florida 32308

Professional Engineer License Current Renewal Form MILITARY

READ AND FOLLOW ALL OF THESE INSTRUCTIONS.

You must familiarize yourself and comply with the requirements for licensure. These instructions are not intended to remove, modify or amend the requirements.
ALL INFORMATION MUST BE TYPED. Handwritten applications WILL BE RETURNED along with your payment. This will delay processing and may result in missing deadlines.

GENERAL INFORMATION

This is your **NOTICE FOR RENEWAL** of your Professional Engineer License. **Your current license will expire on February 28th of the ODD YEARS.** Your current license will become delinquent on March 1 of that year, and, by law, you will not be permitted to perform engineering. Once this renewal is complete, you will receive a license with an expiration date of February 28th of the next odd year. If you experience any problems with renewing your license, please call the Board office immediately.

OPTION 1 – ONLINE RENEWAL

1. Online renewal will provide the most expedient method of renewing your license. You will go to **www.myfloridalicense.com**, and either select **"Renew Your License"** or **"Licensee Login"**. If you have not accessed your account recently you will be prompted to **"Create an Account."** You need an activation code, which is the last four digits of your social security number, to successfully create your account. If your social security number will not work, you should contact the Florida Board of Professional Engineers at **(850) 521-0500** and select **Renewal Desk**. Once you have established your record, you may change your address, if necessary, and then continue the process to renew your license.


OPTION 2 – U.S. MAIL

We strongly encourage renewing licenses on-line because it is both immediate and secure; although as an alternative you can submit your renewal request via U.S. mail. If you prefer to send in your renewal request, please contact our office to have a renewal form emailed to you. Complete the entire form and mail to our address above with a check for the renewal fee to the FBPE office located on the form. Be sure to make the check payable to FBPE in the exact amount of your renewal form. The correct fee must be paid by check or U.S. Money Order made payable in U.S. currency to the **Florida Board of Professional Engineers**. **DO NOT SEND CASH OR PURCHASE ORDERS. Payments cannot be made by phone.** If the form is not correctly completed or the check is not in the appropriate amount your form and check may be returned and delay the processing of your request.

NOTE 1: If your firm or company pays the renewal fee, the company or firm must submit this completed form to update your license status. **Please advise your firm or company to issue separate checks for PE renewal fees and Certificate of Authorization renewal fees as these are separate transactions.**

RETIRED STATUS (NO FEE REQUIRED)

If you would like to request Retired Status, please download the application from the Board's website or request the application be mailed to you. If you enter Retired Status, future licensure in Florida will require a new application and the ability to meet licensure standards in place at the time of application.

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|--|--------------------|---|---|------------------------------------|
|  | | PROFESSIONAL ENGINEER LICENSE MILITARY RENEWAL FORM NO FEE | | |
| 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: | County: |
| HOME TELEPHONE NUMBER: | | BUSINESS TELEPHONE NUMBER: | | DATE OF BIRTH (MM/DD/YYYY): |
| EMAIL ADDRESS: Do you wish to receive correspondence via email? Yes 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 correspondence will be via 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. | | |
| <p>Please Check Only One</p> <div style="text-align: center; background-color: #f0f0f0; padding: 5px; margin: 10px 0;"> <u>PART I</u> </div> <p>_____ I am currently on Active Duty Status as a member of the United States Armed Forces or have been discharged in the past 24 months. The board shall keep your license in good standing, without requiring any dues, fees, or the permanence of any other act, as long as you are a member of the United States Armed Forces on active duty and are not engaged in the practice of engineering in the private sector for profit. In order to qualify for this status you must submit to the Board office a copy of the orders calling you to active duty or a copy of your discharge papers demonstrating discharge within the preceding 24 months. If you are engaged in the practice of engineering in the private sector for profit, you must comply with ALL provisions regarding renewal, except for payment of the renewal fee, which will be waived. (Section 455.02(1), F.S.)</p> <p>Licensee Name: _____ Signature: _____ Date: _____</p> <div style="text-align: center; background-color: #f0f0f0; padding: 5px; margin: 10px 0;"> <u>PART II</u> </div> <p>_____ I am no longer on Active Duty Status as a member of the Armed Forces of the United States. I have attached a copy of my DD-214 separation orders with this form. I understand that I am exempt from continuing education renewal and fees.</p> <p>Licensee Name: _____ Signature: _____ Date: _____</p> | | | | |

PART III

_____ I am the spouse of a member of the Armed Forces of the United States who is serving on active duty, or a surviving spouse of a member who at the time of death was serving on active duty and am absent from the State of Florida because of my spouse's duties with the Armed Forces of the United States. The board shall keep your license in good standing, without requiring any dues, fees, or the permanence of any other act, and you are exempt from any licensure renewal provisions as long as you are absent from the State due to your spouse's duties with the Armed Forces. (Section 455.02(2), F.S.)

Licensee Name: _____ Signature: _____ Date: _____

PART IV

_____ I am the spouse of a member of the Armed Forces of the United States who is serving on active duty, or a surviving spouse of a member who at the time of death was serving on active duty and died within 2 years preceding the date of renewal, and am present in the State of Florida because of my spouse's active duties with the Armed Forces of the United States. You must comply will ALL provisions regarding renewal, except for payment of the renewal fee, which will be waived. (Section 455.02(2), F.S.)

Licensee Name: _____ Signature: _____ Date: _____

Please allow four (4) to six (6) weeks for your renewal to be processed before contacting the board.