

	<p>APPLICATION FOR ENGINEER INTERN CERTIFICATION Fee: to Include Engineer Intern Endorsement fee Refer to Rule 61G15-24.001, Schedule of Fees (Checks Should be Made Payable to FBPE)</p>	<p>2639 N. Monroe St., Ste. B112 Tallahassee, FL 32303</p>
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NAME	Last:	First:	Middle:
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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:
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MAILING ADDRESS	Number and Street:		Apt/Lot No.:	
	City:	State:	Zip Code:	

HOME TELEPHONE NUMBER:	BUSINESS TELEPHONE NUMBER:	DATE OF BIRTH (MM/DD/YYYY):
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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.
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IMPORTANT INFORMATION

All information must be typed; handwritten forms will not be accepted, unless otherwise noted on the form.

EDUCATION HISTORY

Names of Colleges & Universities Attended and City/State/Country	Degree Received or Being Pursued (e.g., BS, MS, PhD)	Did you graduate?		Graduation Date (Actual or Anticipated) (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

Have you previously filed an application with FBPE? YES NO
 If yes, what type of application and when?

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

Have you ever been convicted, found guilty, or entered a plea of guilty or *nolo contendere*, 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?


YES NO

If you answered YES to the question above, attach a separate page that lists the following information: date; jurisdiction (state and county); offense; disposition; and all other relevant information.

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 _____