



VERIFICATION OF LICENSURE AND / OR EXAMINATION

TO:

APPLICANT SECTION:

NAME	
STREET	
CITY	
STATE	
ZIP	
DOB	MM: / DD: / YYYY:

TYPE	CERTIFICATE NUMBER	DATE ISSUED	VALID UNTIL
ENGINEER INTERN	_____	__/__/____	__/__/____ NA <input checked="" type="checkbox"/>
PROFESSIONAL ENGINEER	_____	__/__/____	__/__/____

THE ABOVE NAMED PERSON WAS CERTIFIED OR REGISTERED AS: (Fill In Below)

BASIS OF REGISTRATION:

WRITTEN EXAMINATION	TYPE	HOURS	RESULTS	NCEES EXAM	EXAM DATE
	EI			Y <input type="checkbox"/> N <input type="checkbox"/>	__/__/____
	PE			Y <input type="checkbox"/> N <input type="checkbox"/>	__/__/____
EXAMINATION DISCIPLINE:					

EI CERTIFICATION ACCEPTED FROM	_____
PE LICENSURE ACCEPTED FROM	_____

IS THERE ANY RECORD OF DISCIPLINARY ACTION? YES NO PLEASE CHECK ONE

REMARKS:		
(Signature):	ANALYST NAME:	
TITLE: LICENSURE ANALYST	DATE: __/__/____	STATE: Florida

