

2400 Mahan Drive Tallahassee, Florida 32308

Application for Verification of Licensure

FBPE FLORIDA BOARD OF PROFESSIONAL ENGINEERS Verification of Licensure Send to:										
NAME	Last:	·	First:					Middle:		
Have you ever changed your name throor have you ever been known by any ot If YES, attach a copy of the marriage of			her name? YES NO				er Full Na	Name(s) I am/have been known as:		
MAILING	Number and Street:							Apt/Lot No.:		
ADDRESS	City:				State:	Zip (Code:		County:	
HOME TELEPHONE NUMBER:			BUSINESS TELEPHONE NUMBER:			1	DATE	TE OF BIRTH (MM/DD/YYYY):		
EMAIL ADDRESS:		SOCIAL SECURITY NO. (LA			O. (LAS	T FOUR DIG	TS ONLY):			
THE ABOVE NAMED PERSON WAS CERTIFIED OR REGISTERED AS: (Fill In Below)										
TYPE CERTIFICA			ATE NUMBER DATE ISSUED (I			(MM/D	D/YYYY)	VALID UN	TIL (MM/DD/YYYY)	
ENGINEER INTERN									NA 🗌	
PROFESSIONAL ENGINEER										
BASIS OF REGISTRA	ATION:									
WRITTEN EXAMINATION	TYPE		HOURS	RESULTS		NCEES EXAM		EXAM DATE (MM/DD/YYYY)		
	EI)		Y 🗌 N 🗌			
	PE					Υ [Y			
EXAMINATION DISCIPLINE:										
EI CERTIFICATION ACCEPTED FROM										
PE LICENSURE ACCEPTED FROM										
IS THERE ANY RECORD OF DISCIPLINARY ACTION? YES NO PLEASE CHECK ONE REMARKS:										
DATE COMPLETED:										
BY:		TITLE:						STATE:		
The Florida Board of Professional Engineers (Board Seal)										