



FBPE

FLORIDA BOARD OF
PROFESSIONAL ENGINEERS

2639 North Monroe Street, Suite B-112
Tallahassee, Florida 32303

Application for Licensure by Endorsement

CHECK LIST (for Applicant's Use)

Illegible applications WILL BE RETURNED. This will delay processing and may result in missing deadlines.

- Complete the **ENDORSEMENT APPLICATION** (pages 1 - 5). Submit it to FBPE with the **\$230 FEE**. Only checks or money orders are acceptable. See page ii for more information.
- Complete the **VERIFICATION OF EDUCATION RELEASE** form (page 6). Forward it to the college(s) or university(s) from which you obtained your engineering degree(s). Alternatively, you may skip this form and use another method to request that transcripts be sent directly to FBPE. See page iii for more information.
- Complete the top portion of the **VERIFICATION OF LICENSURE / EXAMINATION ENDORSEMENT** form (page 7). Forward it to the state where you passed the Fundamentals of Engineering (FE) Exam and your Principles and Practice (PE) Exam. If you passed the FE and PE exam in Florida, or if you registered for the exam directly through NCEES without applying for the exam through a state licensure board, then skip this step. See page iii for more information.
- Complete the **WORK EXPERIENCE** form (page 8). Complete one form for each Work Experience being claimed. Submit the original form(s) with your application to the FBPE. See pages iii-iv for more information.
- Complete the top portion of the **VERIFICATION OF WORK EXPERIENCE** form (pages 9 & 10). Complete one form for each Work Experience being claimed. Send each form, along with a copy of its corresponding WORK EXPERIENCE form, to the licensed or practicing engineer who can personally verify the experience gained during the employment dates claimed. See page v for more information.
- Complete the top portion of the **PROFESSIONAL REFERENCE** form (page 11). Forward copies to at least three (3) Professional Engineers. These forms must be completed, signed, and sealed by licensed Professional Engineers. Professional references may not verify work experience. See page v for more information.
- Complete the top portion of the **CLIENT VERIFICATION** form (page 12). If you are self-employed or are an officer or principal of a company, forward copies to at least five (5) clients in lieu of verification of work experience form. These forms must be completed and signed by the client.
- After your Application has been received, FBPE will email you a link to the online **LAWS AND RULES STUDY GUIDE**. Follow the link and complete the Study Guide. See page vi for more information.

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

Correspondence by email will speed up application processing and may assist with meeting deadlines.

If you wish to receive correspondence by email, a valid email address must be provided.

Please note that the Laws and Rules Study Guide is available in an online format only accessible via hyperlink. Even if you do not wish to receive correspondence by email, you will still need to provide a valid email address in order to receive the secure hyperlink to the Study Guide. Please see page vi for more explanation.

All email addresses are public records pursuant to F.S. Chapter 119.011(12).

The following Board notices are **typically sent via email**:

- *Notice that your application has been received*
- *Notice of application status within 30 days from date received*
- *Notice when the application is deemed administratively complete and is ready for Board review*
- *Notice of Approval or Notice of Denial*

LICENSURE BY ENDORSEMENT APPLICATION

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, Florida Statutes. Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

YOUR NAME ON YOUR LICENSE WILL BE EXACTLY AS IT APPEARS ON YOUR APPLICATION.

If you answer **YES** to the question, “Have you ever **changed your name** through marriage or action of a court, or have you ever been known by **any other name?**,” then please **attach a copy of the marriage certificate or legal court order** to your application.

FEE

The application fee, initial licensure fee, and Unlicensed Activity fee total **\$230.00** and must be submitted with the application. FBPE accepts personal and business checks (but no starter checks), cashier’s checks, or money orders. **FBPE DOES NOT ACCEPT CREDIT CARDS OR CASH.**

Checks must be made payable to FBPE. Also, **type** your full name and address on your check.

VERIFICATION OF EDUCATION RELEASE

TO QUALIFY FOR LICENSURE, YOU MUST BE ABLE TO DEMONSTRATE A BOARD-APPROVED ENGINEERING DEGREE.

IF YOU HAVE AN EAC/ABET UNDERGRADUATE ENGINEERING DEGREE:

- Request transcripts from all institution(s) you attended and from all institution(s) from which you received your engineering and/or non-engineering degree(s). You may use the VERIFICATION OF EDUCATION RELEASE form to make this request, or you may use other means such as online at your institution(s) website(s).
- The institution(s) should forward certified transcripts directly to the Board office. Alternatively, you may submit your transcripts with your application if they are in an unopened sealed envelope from your institution.

IF YOU HAVE A NON-EAC/ABET UNDERGRADUATE ENGINEERING DEGREE (which applies to most foreign institutions and some in the U.S.):

- In this case, you are not required to complete the VERIFICATION OF EDUCATION RELEASE form.
- You are required to obtain an evaluation of your degree pursuant to Section 471.013(1), Florida Statutes, and 61G15-20.007, Florida Administrative Code. The Board will determine if your degree is Board-approved, based on the evaluation.
- If you previously completed an evaluation of your non-EAC/ABET degree to establish eligibility for the FE Exam application for examination in Florida, then a duplicate evaluation is not required.

For more information, please contact the Endorsement Desk at (850) 521-0500.

VERIFICATION OF LICENSURE / EXAMINATION ENDORSEMENT

Complete the top portion of this form and send it to the state where you passed the NCEES Fundamentals of Engineering (FE) Examination and NCEES Principles and Practice (PE) Examination.

YOU DO NOT HAVE TO COMPLETE THIS FORM IF YOU EITHER: 1) Passed the FE Exam and/or PE Exam in Florida or 2) Registered for the FE exam directly through NCEES without applying for the exam through a state licensure board. In either of these cases, FBPE will be able to access your examination record.

WORK EXPERIENCE

Make as many copies of this form as necessary. **A SEPARATE EXPERIENCE FORM MUST BE COMPLETED FOR EACH EMPLOYER OR WORK PERIOD.** The information that you provide on these forms must correspond to the WORK EXPERIENCE SUMMARY table on page 3 of the APPLICATION.

WORK EXPERIENCE SUMMARY:

- All engineering Work Experience must be listed and must correspond to the WORK EXPERIENCE forms submitted.
- **All experience after receiving your undergraduate engineering degree must be accounted for in the WORK EXPERIENCE SUMMARY, whether or not employed and whether or not the employment was related to engineering practice.**
- You must list full-time and part-time engineering and non-engineering Work Experience, whether or not employed. Non-engineering experience will not require verification unless requested by the Board after you submit your application.
- This list is to be in chronological order, starting with your earliest experience and ending with your most recent employment (including any periods of unemployment).

FAILURE TO PROVIDE LEGIBLE OR ADEQUATE INFORMATION MAY RESULT IN DENIAL OF YOUR APPLICATION.

All engineering experience after receiving your engineering degree must be accounted for and **typed**. **Not typing the information will result in the payment and application being returned to you. This will delay processing and may result in missing deadlines.**

The information shall clearly and concisely outline and describe **the work that you performed**. Do not provide marketing materials or general information on particular projects unless this information clearly identifies **you** and the work **you** performed.

ENGINEERING EXPERIENCE MUST BE OBTAINED UNDER THE DIRECT SUPERVISION OF A LICENSED OR PRACTICING ENGINEER.

Engineering experience claimed must be of a character indicating competence to be in responsible charge of engineering. Engineering experience can be gained through: investigation, evaluation, planning, and design of engineering works and systems; planning the use of land and water; teaching principles and methods of engineering design; performing engineering surveys; and/or the inspection of construction for the purpose of determining if the work is proceeding in compliance with drawings and specifications.

Engineering experience claimed must:

- demonstrate a knowledge of engineering mathematics, physical and applied science, properties of materials, and the fundamental principles of engineering design;
- demonstrate the application of engineering principles in the practical solution of engineering problems; and
- be progressive, on engineering projects of increasing quality and requiring greater responsibility.

YOU MUST HAVE 48 MONTHS OF ENGINEERING EXPERIENCE AT THE TIME YOU SUBMIT THE APPLICATION. THIS MAY INCLUDE EQUIVALENT EXPERIENCE CREDIT FOR ADVANCED ENGINEERING DEGREES AS DESCRIBED BELOW.

Experience credit (time) is based on a full-time, 40-hour week. No additional credit is given for overtime.

Equivalent experience for graduate degrees: If a prior engineering degree was earned that solely meets the requirements of a Board-approved engineering program as defined in subsection 61G15-20.001(2), F.A.C., then a 12-month equivalent experience credit can be awarded for each of the following:

- Master's degree in engineering from a college or university from an EAC/M-ABET-accredited engineering program or from a college or university in the U.S. that has an EAC/ABET-accredited engineering program in a related discipline at the baccalaureate level.
- Doctorate in engineering from a college or university in the U.S. that has an EAC/ABET-accredited engineering program in a related discipline at the baccalaureate level.

Experience credit is not given for:

- non-engineering work;
- part-time work experience obtained while pursuing engineering education on a full-time basis; or
- the pursuit of a master's or doctoral degree while obtaining full-time work experience.

VERIFICATION OF WORK EXPERIENCE

Make as many copies of this form as necessary. **A SEPARATE VERIFICATION FORM MUST BE COMPLETED FOR EACH WORK EXPERIENCE.** Each VERIFICATION form must correspond to a single Work Experience listed in the WORK EXPERIENCE SUMMARY table on page 3 of the APPLICATION.

The dates on the VERIFICATION form **must match** the dates listed on the WORK EXPERIENCE form and the WORK EXPERIENCE SUMMARY table on page 3 of the APPLICATION.

Send each VERIFICATION form, along with a copy of its corresponding WORK EXPERIENCE form, to a licensed or practicing engineer who **CAN PERSONALLY VERIFY TO THE EXPERIENCE GAINED DURING THE TIME PERIOD CLAIMED.**

The engineer verifying the work experience must sign and seal this VERIFICATION form and must sign the corresponding WORK EXPERIENCE form.

Verifications **shall** be sent to FBPE directly by the verifying engineers.

ENGINEERS VERIFYING YOUR EXPERIENCE CANNOT BE USED AS PROFESSIONAL REFERENCES.

If obtaining verification is not possible, submit a letter that lists the company name, the dates of employment, and an explanation of why the verification cannot be obtained. See Rule 61G15-20.002, F.A.C., for more information.

NOTE: Practicing engineers are engineers working in engineering disciplines that are not required to be licensed in their state. Please refer to F.S. 471.003(2).

PROFESSIONAL REFERENCE

Make at least three (3) copies of this form, fill out the top portion, and sign. Then send one to each professional reference for him/her to complete, sign, and seal.

EACH PROFESSIONAL REFERENCE MUST BE A LICENSED PROFESSIONAL ENGINEER. Their names and addresses **must match** the information provided on the PROFESSIONAL REFERENCE SUMMARY table on page 5 of the application.

ENGINEERS VERIFYING YOUR EXPERIENCE CANNOT BE USED AS PROFESSIONAL REFERENCES.

Reference forms may be sent to FBPE either with the application or directly by the professional references.


LAWS AND RULES STUDY GUIDE

Read Chapter 471, Florida Statutes, and Title 61G15, Florida Administrative Code, to become knowledgeable about the laws and rules that regulate the practice of engineering in the State of Florida. Retain a copy of these laws and rules for future reference.

After your application has been received, FBPE will email you a link to the online LAWS AND RULES STUDY GUIDE. **Follow the link and complete the Study Guide.** Successful completion is required for licensure. With each attempt to complete the Study Guide, your results will be sent directly to FBPE for inclusion with your file. You will receive a *Certificate of Completion* once you have successfully completed the Study Guide.

If you have any questions concerning Licensure by Endorsement, please contact our office.

ATTENTION: Endorsement Desk
Florida Board of Professional Engineers
2639 N. Monroe Street, Suite B-112
Tallahassee, Florida 32303
(850) 521-0500
www.fbpe.org

		APPLICATION FOR LICENSURE BY ENDORSEMENT Fee: \$230 (Made Payable to FBPE)			NCEES Record Number: (Must list Number)	
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 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.		
Are you a NCEES Record Holder? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please list NCEES Record Number: _____						
WHAT IS YOUR NATIVE LANGUAGE? NOTE: Answering this question is voluntary. It is used by the Board to help reduce educational deficiencies for non-EAC/ABET engineering degrees that are typical of foreign-degree applicants.						
IMPORTANT INFORMATION						
Applicants <u>MUST</u> read and follow <u>ALL</u> instructions on pages i through vi. All information must be typed; handwritten forms will not be accepted.						
EDUCATION HISTORY						
Names of Colleges & Universities Attended and City/State/Country	Degree Received <small>(e.g., BS, MS, PhD)</small>	Did you graduate?		Graduation Date <small>(MM/YYYY)</small>	Engineering discipline <small>(degree major)</small>	
		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"/>			

(Continued on Page 2)

EXAMINATION HISTORY						
Please provide information about any engineering examinations that you have taken in any U.S. state or territory: (Attach extra sheets as necessary.)						
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"/>		
Primary Discipline:						
APPLICANT HISTORY						
If you answer YES to any of questions A-E, attach a separate page that lists the following information: date; jurisdiction (state and county); offense; disposition; and all other relevant information.					YES	NO
A) 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) Have you previously filed an application with FBPE to take an engineering examination (other than the Fundamentals of Engineering Exam)?					<input type="checkbox"/>	<input type="checkbox"/>
C) Have you ever been denied the right to take an engineering examination in any U.S. state or territory?					<input type="checkbox"/>	<input type="checkbox"/>
D) Have you ever been refused an engineering license – or the renewal thereof – in any U.S. state or territory?					<input type="checkbox"/>	<input type="checkbox"/>
E) Have you ever had a license or registration to practice engineering revoked, suspended or otherwise acted against (including probation, fine or reprimand) in a disciplinary proceeding in any U.S. state or territory?					<input type="checkbox"/>	<input type="checkbox"/>
LICENSURE HISTORY						
If you have ever held a license or registration to practice engineering in any U.S. state (including Florida) or territory, please provide the following information on any such license(s). Attach extra sheets as necessary.						
State	License No.	Year Issued (YYYY)	Type of License	License Status (eg., active, inactive, retired, revoked, suspended)	If License is not active, explain why and when it became inactive	

(Continued on Page 3)

WORK EXPERIENCE SUMMARY (Skip, if NCEES Record Holder)

List all full-time work experience gained since completing your engineering degree, in chronological order (beginning with your earliest experience and ending with your current). If needed, use page 4 to continue the summary. A Work Experience is an association with one employer. A change in employer is a new experience. You may list experience obtained before completing your engineering degree, if the requirements as explained in the instructions are met (e.g., if experience was full-time and within 2 years of graduation). Explain any overlaps in employment dates, attaching extra sheets as necessary.

LEAVE NO GAPS IN TIME. If you had gaps where you were not employed in the engineering field, in the space provided, list the dates and explain the reason for your employment status.

Claim for equivalent experience of 12 months for each graduate degree(s): (See instructions on page v for eligibility.)	<input type="checkbox"/> Master's	Dates	to
	<input type="checkbox"/> Doctorate	attended:	to

Work Experience # 1	From: (MM/DD/YY) <hr/> To: (MM/DD/YY)	Months of Full-time Experience Being Claimed:	Employer: Name of Verifying Engineer: _____	Verifying Engineer's License No. & State: _____
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.		From:	To:	Explain reason:
Work Experience # 2 (If applicable)	From: (MM/DD/YY) <hr/> To: (MM/DD/YY)	Months of Full-time Experience Being Claimed:	Employer: Name of Verifying Engineer: _____	Verifying Engineer's License No. & State: _____
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.		From:	To:	Explain reason:
Work Experience # 3 (If applicable)	From: (MM/DD/YY) <hr/> To: (MM/DD/YY)	Months of Full-time Experience Being Claimed:	Employer: Name of Verifying Engineer: _____	Verifying Engineer's License No. & State: _____
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.		From:	To:	Explain reason:
Work Experience # 4 (If applicable)	From: (MM/DD/YY) <hr/> To: (MM/DD/YY)	Months of Full-time Experience Being Claimed:	Employer: Name of Verifying Engineer: _____	Verifying Engineer's License No. & State: _____
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.		From:	To:	Explain reason:

(Continued on Page 4)

WORK EXPERIENCE SUMMARY (cont'd.)			
If needed, use this sheet to continue summarizing your work experience. Continue in chronological order, and fill in the Work Experience # in sequential order.			
Work Experience # <small>(If applicable)</small>	From: <small>(MM/DD/YY)</small>	Months of Full-time Experience Being Claimed:	Employer:
	To: <small>(MM/DD/YY)</small>		
	Name of Verifying Engineer:		Verifying Engineer's License No. & State:
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.			
From:	To:	Explain reason:	
Work Experience # <small>(If applicable)</small>	From: <small>(MM/DD/YY)</small>	Months of Full-time Experience Being Claimed:	Employer:
	To: <small>(MM/DD/YY)</small>		
	Name of Verifying Engineer:		Verifying Engineer's License No. & State:
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.			
From:	To:	Explain reason:	
Work Experience # <small>(If applicable)</small>	From: <small>(MM/DD/YY)</small>	Months of Full-time Experience Being Claimed:	Employer:
	To: <small>(MM/DD/YY)</small>		
	Name of Verifying Engineer:		Verifying Engineer's License No. & State:
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.			
From:	To:	Explain reason:	
Work Experience # <small>(If applicable)</small>	From: <small>(MM/DD/YY)</small>	Months of Full-time Experience Being Claimed:	Employer:
	To: <small>(MM/DD/YY)</small>		
	Name of Verifying Engineer:		Verifying Engineer's License No. & State:
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.			
From:	To:	Explain reason:	
Work Experience # <small>(If applicable)</small>	From: <small>(MM/DD/YY)</small>	Months of Full-time Experience Being Claimed:	Employer:
	To: <small>(MM/DD/YY)</small>		
	Name of Verifying Engineer:		Verifying Engineer's License No. & State:
<input type="checkbox"/> I have a GAP in employment, where I was <u>not</u> employed in the engineering field.			
From:	To:	Explain reason:	

(Continued on Page 5)

PROFESSIONAL REFERENCE SUMMARY (NCEES Record Holders DO NOT need to list references)		
Reference (1)	Name of Reference Engineer:	Reference Engineer's License No. & State:
	Reference Engineer's Address:	
Reference (2)	Name of Reference Engineer:	Reference Engineer's License No. & State:
	Reference Engineer's Address:	
Reference (3)	Name of Reference Engineer:	Reference Engineer's License No. & State:
	Reference Engineer's Address:	
SIGNATURE ALL APPLICANTS MUST SIGN AND DATE THIS PORTION		
<p>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.</p> <p>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.</p> <p>Applicant Sign Here _____</p> <p>Date _____</p>		



FLORIDA BOARD OF PROFESSIONAL ENGINEERS
 2639 N. MONROE STREET, SUITE B-112
 TALLAHASSEE, FLORIDA 32303

VERIFICATION OF EDUCATION RELEASE
 (Transcript Request)

(NCEES Record Holders do not need to use this form)

If you can request a transcript online, you may skip this form and have the school submit the transcript directly to FBPE.
 If you cannot request a transcript online, you may send this completed form to the school to request that they send your transcript directly to FBPE.

NAME AND ADDRESS OF INSTITUTION:

APPLICANT'S NAME AND ADDRESS:

TELEPHONE #:

DEGREE AWARDED:

MAJOR:

DATES OF ATTENDANCE:

DATE DEGREE AWARDED:

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,

Please forward this form, along with an official copy of my transcript, to the Florida Board of Professional Engineers, 2639 N. Monroe Street, Suite B-112, Tallahassee, Florida 32303. If there is a fee to release the requested transcript, please contact me (the applicant) immediately.

Signature of Applicant: _____

Date: _____

INSTRUCTIONS FOR VERIFYING INSTITUTION

RETURN THIS FORM AND TRANSCRIPT, FOR THE APPLICANT LISTED ABOVE,

TO:

Florida Board of Professional Engineers
 Attn: PE Desk
 2639 N. Monroe Street, Suite B-112
 Tallahassee, FL 32303
 (850) 521-0500



FLORIDA BOARD OF PROFESSIONAL ENGINEERS

2639 N. MONROE STREET, SUITE B-112
TALLAHASSEE, FLORIDA 32303

VERIFICATION OF LICENSURE / EXAMINATION ENDORSEMENT
(NCEES Record Holders do not need to use this form)

**NAME OF STATE OR TERRITORY VERIFYING
LICENSE / EXAMINATION:**

DATE:

RETURN THIS FORM TO:

Florida Board of Professional Engineers
Attn: PE Desk
2639 N. Monroe Street, Suite B-112
Tallahassee, FL 32303

APPLICANT INFORMATION

NAME:

DATE OF BIRTH:

TO BE COMPLETED BY VERIFIER

The applicant is or was certified or registered in our state as indicated below:

CERTIFICATION / REGISTRATION	CERTIFICATE NUMBER	DATE ISSUED	VALID UNTIL
Engineer Intern	_____	_____	_____
Professional Engineer	_____	_____	_____
Other _____	_____	_____	_____

The basis of certification or registration in our state is indicated below:

BASIS OF REGISTRATION (EXAMINATION)	EXAM DATE	PASSED?	NCEES EXAM?	TOTAL # OF ATTEMPTS
Fundamentals of Engineering Exam	_____	Y / N	Y / N	_____
Principles and Practice of Engineering Exam	_____	Y / N	Y / N	_____
Structural Engineering (16-hour) Exam	_____	Y / N	Y / N	_____

REMARKS:

BY: _____

TITLE: _____

DATE: _____

(BOARD SEAL REQUIRED)



FLORIDA BOARD OF PROFESSIONAL ENGINEERS

2639 N. MONROE STREET, SUITE B-112
TALLAHASSEE, FLORIDA 32303

WORK EXPERIENCE
(NCEES Record Holders do not need to use this form)

Work Experience #

A copy of each WORK EXPERIENCE form, along with its corresponding VERIFICATION OF WORK EXPERIENCE form, is to be sent to the engineer who can personally verify the experience gained during the employment dates claimed.

APPLICANT INFORMATION

NAME:

EMPLOYMENT DATES:

From (MM/DD/YYYY):

To (MM/DD/YYYY):

Months of Work Experience Claimed:

EMPLOYER INFORMATION

Name of Company:

Name of Supervisor:

Street Address:

City, State, Zip Code:

Telephone:

TIME SHOWN ABOVE:

- Was earned prior to the completion of my engineering degree (see instructions)
- Was earned after completing my engineering degree and in a part-time engineering capacity
- Was earned after completing my engineering degree and in a full-time engineering capacity

Representative Projects (Include project name, location and type):

Description of Engineering Tasks & Duties:

Engineering Decisions Made and Level of Responsibility Attained:

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.

Applicant's

Signature: _____

Date: _____



FLORIDA BOARD OF PROFESSIONAL ENGINEERS
 2639 N. MONROE STREET, SUITE B-112
 TALLAHASSEE, FLORIDA 32303

VERIFICATION OF WORK EXPERIENCE
(NCEES Record Holders do not need to use this form)

This form corresponds to Work Experience #

APPLICANT INFORMATION

Name:
 Street Address:
 City, State, Zip Code:
 Telephone:
 Email Address:
 Date of Birth:

VERIFIER INFORMATION

Name of Company:
 Name of Verifier:
 Street Address:
 City, State, Zip Code:
 Telephone:
 Email Address:

Please furnish the information requested below and forward the completed form directly to the Florida Board of Professional Engineers at the address at the top of this form.

Signature of Applicant: _____ **Date:** _____

TO BE COMPLETED BY VERIFIER

1. The applicant is or was employed with the above company from ____/____/____ to ____/____/____.

2. The applicant is or was under my **Responsible Charge** from ____/____/____ to ____/____/____.

If you answer NO to any of questions 3-6, please provide in the REMARKS section (below) an explanation or relevant information. Attach extra sheets as necessary. (Circle One)

3. The applicant worked for or with me personally during this time. YES / NO

4. The applicant worked in an engineering capacity during this time. YES / NO

5. I have reviewed the attached WORK EXPERIENCE form and find that it accurately reflects the Work Experience gained by the applicant during this time. YES / NO
(ATTACH A COPY OF THE FORM REVIEWED).

6. The applicant gained an increasing level of engineering experience during this time. YES / NO

(Continued on Page 10)

7. Please comment on the applicant's: **[NOTE: One-word answers will not be accepted. Use the space provided to give details.]**

a. **Type of Qualifying Experience:**

b. **Level of Engineering Competency:**

c. **Professional Integrity:**

d. **Is this Employee eligible for rehire? Yes _____ No _____**

REMARKS:

COMPLETE PART A BELOW IF YOU ARE A PRACTICING ENGINEER WHO IS EXEMPT FROM LICENSURE. COMPLETE PART B IF YOU ARE A LICENSED PROFESSIONAL ENGINEER.

PART A. The information above is true and correct, and I am currently a practicing engineer who is exempt from licensure as defined in F.S. 471.003(2)

Signature: _____

Date: _____

NOTE: For practicing engineers exempt from licensure, supplemental information is required (i.e. proof of engineering degree and proof of practice status).

PART B. The information above is true and correct, and I am currently licensed as a professional engineer.

Signature: _____

Date: _____

Licensing State: _____

License Number: _____

(PE Seal)

I do not possess a seal



FLORIDA BOARD OF PROFESSIONAL ENGINEERS

2639 N. MONROE STREET, SUITE B-112
TALLAHASSEE, FLORIDA 32303

PROFESSIONAL REFERENCE

(NCEES Record Holders do not need to use this form)

APPLICANT INFORMATION

Name: _____
Street Address: _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Date of Birth: _____

REFERENCE INFORMATION

Name: _____
Street Address: _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Date Sent to Reference: _____

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY REFERENCE [NOTE: One-word answers to questions a through c will not be accepted. Use the space provided to give details.]

1. I have personally known the above applicant for ____ years.
2. The applicant has been in an increasing level of engineering experience and responsibility for ____ years.
3. Please comment on the applicant's:
 - a. **Type of Qualifying Experience:**

 - b. **Level of Engineering Competency:**

 - c. **Professional Integrity:**

4. Would you employ the applicant in a position of trust? **YES / NO** (circle one)

The information above is true and correct, and I am currently licensed as a professional engineer.

Signature of Reference: _____
Date: _____

Licensing State: _____

License Number: _____

(PE Seal)

I do not possess a seal



FLORIDA BOARD OF PROFESSIONAL ENGINEERS

2639 N. MONROE STREET, SUITE B-112

TALLAHASSEE, FLORIDA 32303

CLIENT VERIFICATION FOR LICENSURE BY ENDORSEMENT

(NCEES Record Holders do not need to use this form)

APPLICANT INFORMATION

Name:

Street Address:

City, State, Zip Code:

Telephone:

Email Address:

Name of Company:

Name of Person Completing Form:

Street Address:

City, State, Zip Code:

Telephone:

Email Address:

Date Sent to Reference:

Please furnish the information requested below and forward the completed form directly to the Florida Board of Professional Engineers at the address at the top of this form.

Signature of Applicant: _____

Date: _____

TO BE COMPLETED BY REFERENCE [NOTE: One-word answers to questions a through c will not be accepted. Use the space provided to give details.]

5. I have personally known the above applicant for ____ years.

6. The applicant has been in an increasing level of engineering experience and responsibility for ____ years.

7. Please comment on the applicant's:

a. **Type of Qualifying Experience:**

b. **Level of Engineering Competency:**

c. **Professional Integrity:**

8. Would you employ the applicant in a position of trust? **YES / NO** (circle one)

The information above is true and correct.

Signature and Title of Reference: _____ Date: _____