



FBPE

FLORIDA BOARD OF
PROFESSIONAL ENGINEERS

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

**Application for
Verification of Licensure**

	<h2 style="margin:0;">Verification of Licensure</h2> <p style="margin:0;">Send to:</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 ? YES 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:	County:

HOME TELEPHONE NUMBER:	BUSINESS TELEPHONE NUMBER:	DATE OF BIRTH (MM/DD/YYYY):
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EMAIL ADDRESS:	SOCIAL SECURITY NO. (LAST FOUR DIGITS ONLY): XXX - XX - _____
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THE ABOVE NAMED PERSON WAS CERTIFIED OR REGISTERED AS: (Fill In Below)

TYPE	CERTIFICATE NUMBER	DATE ISSUED (MM/DD/YYYY)	VALID UNTIL (MM/DD/YYYY)
ENGINEER INTERN			NA <input type="checkbox"/>
PROFESSIONAL ENGINEER			

BASIS OF REGISTRATION:

WRITTEN EXAMINATION	TYPE	HOURS	RESULTS	NCEES EXAM	EXAM DATE (MM/DD/YYYY)
	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:

DATE COMPLETED:

BY:	TITLE:	STATE:
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The Florida Board of Professional Engineers

(Board Seal)

2639 N. Monroe St. , Suite B-112 Tallahassee, Florida 32303