

		<p><b>ENGINEER INTERN CERTIFICATION</b></p> <p><b>APPLICATION</b></p> <p><b>Fee: to Include Engineer Intern Endorsement fee</b>  <b>Refer to Rule 61G15-24.001, Schedule of Fees</b>  <b>(Checks Should be Made Payable to FBPE)</b></p>			2639 N. Monroe St. Ste. B112 Tallahassee, FL 32303	
<b>NAME</b>		Last:	First:	Middle:		
Have you ever <b>changed your name</b> through marriage or action of a court, or have you ever been known by <b>any other name</b> ? <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:		
<b>MAILING ADDRESS</b>		Number and Street:			Apt/Lot No.:	
		City:	State:	Zip Code:	County:	
<b>HOME TELEPHONE NUMBER:</b>		<b>BUSINESS TELEPHONE NUMBER:</b>		<b>DATE OF BIRTH (MM/DD/YYYY):</b>		
<b>EMAIL ADDRESS:</b> 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).				<b>SOCIAL SECURITY NO.:</b> 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.		
<b>IMPORTANT INFORMATION</b>						
<b>All information must be typed; handwritten forms will not be accepted, unless otherwise noted on the form.</b>						
<b>EDUCATION HISTORY</b>						
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"/>			

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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 \_\_\_\_\_