

# Application for Approval to Sit for the Pennsylvania State Specific Land Surveying (PLS) Examination

## PA STATE REGISTRATION BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS AND GEOLOGISTS

Mailing Address:  
Engineer Board  
PO Box 2649  
Harrisburg PA 17105

Tel: 717.783.7049    E-Mail: [st-engineer@pa.gov](mailto:st-engineer@pa.gov)  
Website: [www.dos.state.pa.us/eng](http://www.dos.state.pa.us/eng)

Courier Address:  
1 Penn Center  
Engineer Board  
2601 N 3<sup>rd</sup> St  
Harrisburg PA 17110

### Applicant Information

**QUALIFICATIONS:** Refer to Section 4.3(c) of the Engineer, Land Surveyor and Geologist Registration Law for specific qualification requirements. You may view the Board's law on-line at [www.dos.state.pa.us/eng](http://www.dos.state.pa.us/eng) by selecting the link for "Law".

To qualify for the PLS examinations you **must** have **successfully completed the NCEES Fundamentals of Surveying (FS) examination and the Principles and Practice of Surveying (PS) examination** (there is **NO EXCEPTION** to this requirement), **AND** you must show satisfactory proof of having obtained **at least four (4) years of progressive experience in engineering work performed after the ISSUE DATE of the SIT certificate and under the supervision of a licensed professional land surveyor**. **YOU MAY NOT ANTICIPATE WORK EXPERIENCE**. You must have obtained ALL required work experience **PRIOR** to the application deadline (as set forth in §37.16 of the Board's Regulations) to be considered for the corresponding examination administration.

Application must be typed OR printed in **black ink**. **ALL requested information is MANDATORY**.

DO NOT use "Present" as an indication for any time-line and/ or ending date; you should use the date the respective information is completed.

Any application that is missing information requested on the application and/or form will be returned with a discrepancy letter.

ANY application discrepancy is likely to cause a significant review delay that may result in your application not being reviewed in time to be considered for the examination administration other than the one which you are initially applying for.

**If you passed the FS exam and/or PS exam in any State or Jurisdiction other than Pennsylvania**, you must send the Verification of Examination/Registration form to the State Board or Licensing Jurisdiction where you passed the FS and/or PS and have their office send the fully completed form directly to the Board office. The form must be received by the Board bearing a postmark no later than December 1 for the April exam and no later than July 1 for October exam.

This form is NOT required if you successfully completed the FS and/or PS examination in Pennsylvania.

You must contact your College/University to have them mail an *Official Final Transcript* directly to the Board office. ALL transcripts must be received in via the U.S. Postal Service (they WILL NOT be accepted via E-mail, Fax or with your application) and MUST be postmarked no later than December 1 for the April exam and no later than July 1 for October exam.

If your bachelor's degree is from a school outside of the United States – your educational credentials must be evaluated to determine the equivalency of your degree in engineering from an accredited U.S. school.

This is a MANDATORY requirement, regardless of you having a graduate degree from a U.S. school, *if you wish to be considered for approval to sit for the examination based upon your education*.

Contact: NCEES – Website: [www.ncees.org](http://www.ncees.org), Tel: 800.464.7650 for additional information. The evaluation MUST be transmitted directly to the Board Office (NOT PCS) from NCEES.

\*\*\*You should note that if you are applying for approval with a foreign education that your requested examination administration date IS NOT guaranteed.\*\*\*

The **Amplified Record of Work Experience** form must be fully completed according to the instructions on the form.

The original completed Amplified Record form must be attached to each of the Reference Information Forms (by work engagement, as appropriate) for dissemination to each individual who was responsible for the supervision of your work experience. The original Amplified Record of Work Experience form and Reference Information forms MUST be received by the Board office directly from each Reference (as appropriate).

References must have personal knowledge of your work experience and collectively must be able to attest to the entire amount of required land surveying work experience.

References should include your immediate supervisor(s).

Applicants must NOT be related to those listed as references.

Your completed amplified record must be attached to the "Reference Information Form" for dissemination to each of your supervisors who must complete the forms and return **BOTH** (Amplified Record form AND Reference Information form) **directly to the Board office**, forms WILL NOT be accepted with the application.

At least three (3) of your five references **must be licensed Professional Land Surveyors**. The other two (2) may be licensed Professional Engineers or Licensed Professional Geologists (OR similarly qualified individuals [as determined by the Board]); however ALL references **must** be able to attest to your land surveying work experience, character and qualifications.

Reference forms (with attached Amplified Records) must be received in the Board office, **postmarked** no later than December 1 for the April exam and no later than July 1 for the October exam.

When completing the **Criminal and Disciplinary Information**, if you answer "YES" to any question, you **must** provide ALL requested court documents AND the signed, written explanation. ALL information must be postmarked by the appropriate application deadline date, in order for your application to be considered for that examination administration.

Sign and date the Social Security Act Certification AND the Certification Statement

**Maintain a copy of your completed application for your records prior to submission.** Copies of an application WILL NOT be provided to applicants once they have been received.

Mail your application and fee of \$50 (check or money order made payable to "Commonwealth of PA") to the appropriate address.

NOTE: *If you would like to know when your application has been received by the Board office you MUST mail your application "Certified-Return Receipt" to the **Courier address.***

**Mailing Address:** Engineer Board, PO Box 2649, Harrisburg PA 17105

**Courier Address:** Engineer Board, 1 Penn Center, 2601 N 3<sup>rd</sup> St, Harrisburg PA 17110

Once ALL required application materials have been received by the office for the Pennsylvania State Registration Board for Professional Engineers, Land Surveyors and Geologists (Board), your application is considered fully complete. If ANY supporting application materials and/or documents are received AFTER the application deadline (as established by §37.16 of the Regulations of the Board) your application will be considered for the NEXT examination administration.

Every *fully complete* (all required items are postmarked by the application deadline) application that is received by the Board will be guaranteed at least ONE application review by the Board office, per examination administration. If any application discrepancies are noted by the Board office when your application is reviewed, you will be notified in writing by the Board office (you will be sent a "discrepancy letter"); any response to a discrepancy letter that you may be sent will be considered an application re-evaluation and each response will be reviewed *in the date order it was received* only **AFTER** every examination application that was appropriately received by the application deadline has had at least ONE initial review.

Requested examination administration dates **are not guaranteed.**

It is the responsibility of the applicant to provide ALL of the information requested on the application form, additionally, it is the responsibility of the applicant to stay in touch with references, colleges/universities, other licensing jurisdictions, court offices etc... to ensure that ALL required paperwork and/or documentation is being forwarded to the Board office by the application deadline date.

Requested examination administration dates **are not guaranteed.**

**MANDATORY Application Deadline Requirements**

The **fully completed Application form, ALL required supporting application documents and the Application fee must be postmarked ON OR BEFORE the application deadline** that has been established by §37.16(c) of the Regulations of the Pennsylvania State Registration Board for Professional Engineer, Land Surveyors and Geologists ("Board").

The application deadlines (as established by Regulation) are *December 1st to be considered for the April exam and July 1st to be considered for the October exam.*

**There are NO exceptions.**

**A postmark is defined as the official mark that the United States Postal Service uses to cancel your postage.**

**\*\*\*Postage meter dates from businesses are not considered a postmark. \*\*\***

**Courier service packages must clearly indicate the date sent. \*\***

***You will only receive a PCS examination scheduling form once you have received the Board's approval to sit for the PLS Examination.***

# The Pennsylvania State Registration Board for Professional Engineers, Land Surveyors and Geologists

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2601 N 3<sup>rd</sup> St  
Harrisburg PA 17110

### Section 1: Applicant Information Black ink or Typed ONLY

*Legibly* print or type your name as it appears on the government-issued ID that you will take to the exam. You must use the same name and spelling when scheduling with PCS AND when registering with the NCEES.

Last Name

First Name

Middle

Social Security Number

Date of Birth

Street Address:

(Continued)

City

State

Zip

Daytime Phone

Extension

E-Mail Address (By providing your E-Mail address you agree to be contacted via E-Mail by PCS or the Board)

Maiden Name or Prior Name (if applicable)

**If any application documents will be sent in a maiden/prior name** you MUST submit one of the following: a copy of your marriage certificate, a copy of a divorce decree that indicates the retaking of your maiden name or other legal court document supporting a legal name change

### Section 2: Board Application Fee

Submit check or money order in the amount of **\$50.00** payable to  
"Commonwealth of PA."

A \$25.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason for non-payment. Fees are non-transferable and non-refundable.

### Section 3: Examination Information

Have you passed the FS Exam?

Yes (continue)

No (STOP: You must pass the FS exam to qualify for approval to sit for the PS & PLS exams)

State FS Exam was passed (if other than PA have Exam Score Certification sent)

Date FS Exam was passed:

SIT Issue Date:

Have you passed the PS Exam?

Yes(continue)

No (STOP: You must apply by examination to take the PS and PLS exams)

State in which Principles & Practice of Land Surveying examination was passed:

State:

Date PS Exam was passed:

I am applying for the following Pennsylvania  
"SURVEYOR STATE PORTION ONLY"  
examination date (check one):

April

October

Name of Applicant (Print):

<b>Section 4: Education</b> (If additional space is required, submit on a 8 1/2" x 11" sheet of paper) <i>Transcripts must be mailed directly from college/university to the Board office.</i>				
DEGREE	UNIVERSITY/COLLEGE NAME	CAMPUS ADDRESS (CITY AND STATE)	MAJOR	CONFERRAL DATE
AS				
BS				
MS				
PHD				

**Section 5: References** (See "Reference Information" on Instruction Page)

List five references - Name, Address, State, Professional License Number and Telephone number

Name	Address	State In Which Licensed	License #	Telephone #
1.				
2.				
3.				
4.				
5.				

**Section 6: Applications previously submitted to this Board.**

Engineer-In-Training	Professional Engineer	Surveyor-In-Training	Professional Land Surveyor	Professional Geologist	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 7:** Do You

<u>Read</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Write</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
and <u>Speak</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	the English Language?

Name of Applicant (Print):

**Section 8: Criminal and Disciplinary Information**

If any of the answers are "YES" you must attach an 8 1/2" x 11" sheet of paper bearing your signature that provides the Board with a full explanation of the matter. You must also submit **certified** copies of any and all court documents pertaining to any legal matter, (documents shall include all charging documents, final disposition, sentencing requirements and proof of completion of any sentence imposed). Certified Documents **cannot be accepted electronically** (fax or E-mail). Acceptable documentation **MUST** be postmarked by December 1st for the April exam and July 1st for the October exam.

<b>YES</b>	<b>NO</b>
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Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court; however, it is your responsibility to ensure you have received proof from the court that the matter has been expunged?

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Are there felony or misdemeanor charges (other than for minor traffic offenses) now pending against you in Pennsylvania or any other state?

--	--

Have you ever been disciplined (e.g., revocation, suspension, fine, reprimand) by an occupational licensing or certification board or commission in Pennsylvania or any other state?

Check here if action was taken in PA – Certified copies NOT required.

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Have you ever withdrawn an application for a license, had an application for licensure denied or refused, or have you ever agreed not to reapply for a license, certification or registration in any state or jurisdiction?

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**Section 9: Code of Ethics**

I hereby subscribe to and agree to abide by the following Code of Ethics: (your signature below indicates affirmation of this code).

It shall be considered unprofessional and inconsistent with honorable and dignified bearing for any professional engineer, professional land surveyor or professional geologist:

1. To act for his client or employer in professional matters otherwise than as a faithful agent or trustee, or to accept any remuneration other than his stated recompense for services rendered.
2. To attempt to injure falsely or maliciously, directly or indirectly, the professional reputation, prospects or business of anyone.
3. To attempt to supplant another engineer, land surveyor, or geologist after definite steps have been taken toward his employment.
4. To compete with another engineer, land surveyor or geologist for employment by the use of unethical practices.
5. To review the work of another engineer, land surveyor or geologist for the same client, except with the knowledge of such engineer, land surveyor or geologist, or unless the connection of such engineer, land surveyor or geologist with the work has terminated.
6. To attempt to obtain or render technical services or assistance without fair and just compensation commensurate with the services rendered: Provided, however, the donation of such services to a civic, religious, charitable, religious or eleemosynary organization shall not be deemed a violation.
7. To advertise in self-laudatory language, or in any other manner, derogatory to the dignity of the profession.
8. To attempt to practice in any field of engineering, land surveying or geology in which the registrant is not proficient.
9. To use or permit the use of his professional seal on work over which he was not in responsible charge.
10. To aid or abet any person in the practice of engineering, land surveying or geology not in accordance with the provisions of this act or prior laws.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Applicant (Print):

## Section 10: Social Security Act Certification

This licensing board is obligated to inform each applicant or licensee from whom it requests a Social Security number on any application or form that disclosing such number is mandatory in order for this licensing board to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), this licensing board must provide DPW information prescribed by DPW about the licensee, including the Social Security number.

In the event that this licensing Board takes disciplinary action against an applicant or licensee, this board may disclose their Social Security number if applicant or licensee voluntarily agrees to the disclosure of this information to the appropriate professional association. This organization compiles information about individual applicants and licensees and transmits that information to other licensing boards in order to coordinate licensure and disciplinary activities between the individual states. If you do not voluntarily provide your Social Security number for this purpose, information about you will still be transmitted to this organization should this licensing board discipline you, but that information will not include your Social Security number.

I certify that I have read the above statement, understand the full intent and I do give this licensing board permission to report my Social Security number to the appropriate professional association or licensing board.

**Signature of Applicant:**

**Date:**

## Section 11: Certification Statement

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

**Signature of Applicant:**

**Date:**

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It is the responsibility of the applicant to provide ALL of the information requested on the application form, additionally, it is the responsibility of the applicant to stay in touch with references, colleges/universities, other licensing jurisdictions, court offices etc... to ensure that ALL required paperwork and/or documentation is being forwarded to the Board office by the application deadline date.

# AMPLIFIED RECORD OF SURVEYING WORK EXPERIENCE – PLS EXAM

**(Duplicate this blank page to provide sufficient extra pages to adequately document your experience. ONLY information presented on this form will be considered.)**

Employment Number (1, 2, 3, etc.)		List <b><u>NAME &amp; ADDRESS</u></b> of Supervising Individual. (If licensed as a Professional Land Surveyor, indicate "PLS" after name.)	Dates of Surveying Employment (All time frames must be accounted for and include the <b><u>month and year</u></b> . Do NOT use "Present" as your end date.)		<p style="text-align: center;"><b>PREPARATION INSTRUCTIONS – READ &amp; FOLLOW DIRECTIONS CAREFULLY</b></p> <ol style="list-style-type: none"> <li>1. Applicants must show at least 4 years of <b>PROGRESSIVE</b> experience gained under the supervision of a licensed Professional Land Surveyor, AFTER the issue date of the SIT certificate.</li> <li>2. List employers in <u>chronological order</u> with the oldest employer shown as Number 1.</li> <li>3. Provide the name and address of each employer and the title of your position.</li> <li>4. For each employer describe in <u>detail</u> the work you performed and your specific role(s). <b>Applicants with insufficient information will be requested to revise and resubmit the forms.</b></li> <li>5. Include a <b>Detailed Breakdown of Surveying Experience form</b> after the last page of the Amplified Record for <b>EACH Engagement</b>.</li> <li>6. <b>DO NOT LIST ANTICIPATED WORK EXPERIENCE</b> (The required amount of experience <b>MUST</b> have been completed <b>PRIOR</b> to the application deadline.)</li> <li>7. <b>Each page</b> of the record <b>MUST</b> include your <b>PRINTED NAME and DATE</b> as well as all other requested information. <b>Your signature is required on the LAST page along with the totaled experience.</b></li> <li>8. <b>List Work Experience section in the following format:</b> <ol style="list-style-type: none"> <li>(a) Title of Position</li> <li>(b) Name and Address of Employer</li> <li>(c) Description of Work – Must be accurate, detailed, all-inclusive and indicate character of work and degree of responsibility.</li> </ol> </li> </ol>	# of Years & Months Areas of Experience Must equal length of time employed							
			From Mo/Yr	To Mo/Yr		In Design Yrs	Mos	In Other Surveying Work Yrs	Mos				
	Supervisor's Name:	Supervisor's Address:				<p><b>LAND SURVEYING WORK EXPERIENCE DESCRIPTION: Work Experience <i>MUST</i> be listed in a yearly format with <u>no more than one year of experience per page</u>; however, you may use <u>more than one page for a single year of work experience</u>; there is no maximum number of pages allowed.</b></p>							
Print Name (EACH PAGE):			Signature (Last Page Of Each Engagement):			Date:		EXPERIENCE (TIME) GAINED WHILE EMPLOYED → <b>(Total Experience on LAST PAGE ONLY)</b>					

Once complete forward the applicable pages of the amplified record to the appropriate individuals providing a reference on your behalf.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE REGISTRATION BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS AND GEOLOGISTS  
P. O. Box 2649  
Harrisburg, PA 17105-2649

### Amplified Record of Land Surveyor Work Experience Requirements

To assist the Board with providing the most appropriate evaluation of your supervised land surveying work experience, you must submit an “Amplified Record of Work Experience” form (amplified record), which has been **completed in its entirety** (names, addresses, complete employment dates- *NOT to “present”* etc...) and provides the Board with specific, thorough and detailed descriptions of your progressive professional experience in land surveying work that you obtained under the supervision of a licensed professional land surveyor(or similarly qualified surveyor [**as determined by the board**] of a grade or character to fit him to assume responsible charge of the work involved in the practice of land surveying) **and after the issuance of your Surveyor-In-Training (SIT) certificate.**

The amplified record must clearly describe the land surveying work that you personally performed; delineate your role in any group land surveying activity; provide an overall description of the nature of work you personally performed (including detailed descriptions of your use of the principles of land surveying) and specifically indicate how your land surveying skills and responsibilities have increased during your years of experience.

Your amplified record must demonstrate conclusively the four (4) or more years of progressive professional experience you have obtained in land surveying work performed after the issue date of the surveyor-in-training certificate of a grade and character to fit you to assume responsible charge of the work involved in the practice of land surveying. Please note that *the only work experience considered during any application review* is the experience information provided on *the amplified record*. You **MAY NOT** anticipate any land surveying work experience. ALL experience must be completed PRIOR to the submission of your application.

You should provide no more than one year of work experience per page of the amplified record; however, you may use as many pages as necessary to accurately describe each year of experience.



### DETAILED BREAKDOWN OF SURVEYING EXPERIENCE

NOTE: If no experience in any area – indicate with a zero (0)

Applicant's Name					Dates of Employment	From MM/YY			To MM/YY		
Employer				Supervisor				Job Title			
	Supervisory			Party Chief			Instrument Person		Rodman / Chainperson		
	Office	Field		Office	Field		Office	Field	Office	Field	
<b>Property Line Experience:</b>											
Boundary Surveys											
Courthouse Research											
Subdivision Design											
<b>Engineering Land Surveys:</b>											
Incidental design of related improvements, such as line & grade extension of roads, sewers & grading but not requiring independent engineering judgment											
The determination of the configuration or contour of the earth's surface, or the position of fixed objects on or related to by means of measuring lines & angles & applying the principles of mathematics, photogrammetry or other measurement methods											
Geodetic survey, underground survey & hydrographic survey											
Storm water management surveys & sedimentation & erosion control surveys											
Determination of the quantities of materials											
Tests for water percolation in soils											
Preparation of plans & specifications & estimates of proposed work & attendant costs											
<b>Total Months</b>											

## REFERENCE INFORMATION FORM CHECKLIST

## A. Applicant Check List:

1. Please review all Reference requirements in the Board's Regulations (§37.32 for Engineers, §37.37 for Geologists and §37.48 for Surveyors).

Applicants for the **PE exams, licensure, or the FE exam (based upon work experience)** must have at least 3 licensed Professional Engineers as references; however, **all work experience must be supported by a Reference Information Form submitted by the licensed professional engineer who supervised the work experience.**

Applicants for the **PS &/or PLS exams, licensure, or the FS exam (based upon work experience)** must have at least 3 licensed Professional Land Surveyors as references, the other 2 may be licensed professional engineers; however, **all work experience must be supported by a Reference Information Form submitted by the licensed professional land surveyor who supervised the work experience.**

Applicants for the **FG &/or PG exams or licensure** must provide references from 3 licensed Professional Geologists or unlicensed geologists who are qualified to evaluate the training and experience; however, **all work experience** must be supported by a Reference Information Form submitted by the licensed professional geologist who supervised the work experience

Applicant MAY NOT be related to **any** reference. References MUST have *personal knowledge of your experience* and collectively be able to attest to the entire amount of required experience.

**Attach this checklist AND the corresponding pages of your original completed AMPLIFIED RECORD (signed on the last page of each engagement) to each Reference Form provided to your references.**

**Reference Information Forms submitted by the applicant with the application will be REJECTED.**

1. Fill in your name and address at the top of the Reference Information Form.
2. Write in what you are applying for i.e. FE, PE, FS, PS &/or PLS, FG &/or PG Exam(s), Type of licensure (if you have already passed ALL required exams).

## B. Reference Check List:

The applicant is required to furnish evidence of qualification for registration for the category checked below. You are asked to attest to the applicant's character, ability, reputation and professional skills and attainments. Be assured that the Board will hold all information strictly confidential.

1. Provide a response for all questions on the Reference Information Form. Forms without all questions answered (and explanations provided, as necessary) will be REJECTED.
2. Sign and date at the bottom of Page 2.
3. References without a professional license must attach a copy of their resume to this form before mailing.
4. \*\*\* **Return the original completed Reference Information Form AND the entire original Amplified Record of Work Experience form, in a sealed envelope bearing your signature across the seal, to the appropriate location (as noted below):**

**For FE/PE Exam Applicants**, mail directly to: PCS, PO Box 198728, Nashville TN 37219

**For all other applicants** (Geologists (FG, PG), Surveyor (FS, PS, PLS Exam) or Non-Examination Engineer), mail directly to Engineer Board, PO Box 2649, Harrisburg, PA 17105

The fully completed Reference Information Form AND Amplified Record of Work Experience form **MUST** be returned directly to the appropriate office from the reference, as noted in item 4 (above).

**DO NOT RETURN THE REFERENCE INFORMATION FORM OR THE AMPLIFIED RECORD OF WORK EXPERIENCE FORM TO THE APPLICANT**

# REFERENCE INFORMATION FORM

Applicant's Name:					Applying for:				
Address:			City:		State:		Zip:		
<b><u>ALL OF THE FOLLOWING MUST BE COMPLETED BY THE REFERENCE:</u></b>									
Must be typed or completed in <b>black ink</b> – If <b>ALL</b> Information is not provided, the form is not considered complete									
1. Name:		LAST			FIRST			MI	
2. Address:		Street							
		City			State		Zip		
3. Business Phone (8 AM - 5 PM):					-				Ext.:
4. E-Mail Address:									
5. What is your present business or profession:									
6. If in individual practice, please indicate nature of such practice.									
7. What is your area of expertise (discipline)?									
8. Are you a Licensed <input type="checkbox"/> Engineer <input type="checkbox"/> Surveyor <input type="checkbox"/> Geologist? <input type="checkbox"/> None					License #				
If "none", you must submit a detailed resume or curriculum vitae.					State:		Exp. Date		
9. How long have you known the applicant?		From			to		inclusive.		
		Do not use "present"							
10. Did/Do you provide direct supervision over the applicants work?		<input type="checkbox"/> Yes <input type="checkbox"/> No			If "No", provide a detailed explanation below (use a separate page if necessary):				
11. Did/Do you have review and approval authority over the applicants work?		<input type="checkbox"/> Yes <input type="checkbox"/> No			If "No", provide a detailed explanation below (use a separate page if necessary):				
12. Are you in any way related to applicant?		<input type="checkbox"/> Yes <input type="checkbox"/> No							
13. Do you know of anything reflecting adversely on the integrity, morals or general good character of the applicant?		<input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes", provide a detailed explanation below (use a separate page if necessary)				
14. Does the applicant read, write, and speak the English language intelligibly?		<input type="checkbox"/> Yes <input type="checkbox"/> No							

<b>15. Was the applicant assigned tasks and duties with increasing responsibility?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>"No"</b> , provide a detailed explanation below (use a separate page if necessary):
<b>16. Is applicant's experience of a grade or character to allow applicant to assume sole responsible charge of the work involved in the practice of the profession?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>"No"</b> , provide a detailed explanation below (use a separate page if necessary)
<b>17. Were the tasks and/or duties noted on the Amplified Record completed specifically by the applicant?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>"No"</b> , provide a detailed explanation below (use a separate page if necessary):
<b>18. Do you recommend the applicant for certification or licensure?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>"No"</b> , provide a detailed explanation below (use a separate page if necessary):
<b>19. Focusing on the applicant's ability to utilize the principles and practice of their profession, provide a description of what you think are the applicant's qualifications.</b> (use a separate page if necessary)	
<b>20. Does the applicant consistently demonstrate a professional attitude in his/her work?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>"No"</b> , provide a detailed explanation (use a separate page if necessary):
<p style="text-align: center;">I _____ certify to the accuracy of the above statements  <small>Print your name</small></p> <p>Signature: _____ Date: _____</p>	

**VERIFICATION OF EXAMINATION / REGISTRATION**

Pennsylvania State Registration Board for  
Professional Engineers, Land Surveyors and  
Geologists

Mailing Address:

Engineer Board  
P. O. Box 2649  
Harrisburg PA 17105

Courier Address:

Engineer Board  
2601 N 3<sup>rd</sup> St  
Harrisburg PA 17110

This form WILL NOT be accepted electronically OR from the applicant.

**INSTRUCTIONS**

It is the responsibility of the applicant to request the necessary verification(s) from **every State Board and/or Licensing Jurisdiction** you have ever passed a certification and/or licensure examination in or have ever been granted certification or licensure (regardless of the current status).

After completion, this form must be **mailed** to the PA Board **directly from the Verifying State or Jurisdiction.**

(You may duplicate this form as much as necessary.)

**DO NOT** provide the verifying Board an envelope with **YOUR** return address **OR** business letterhead/return address.

**THIS PORTION TO BE COMPLETED BY APPLICANT**

TO: (State Board Completing Form)

\_\_\_\_\_ (Name of Applicant)

\_\_\_\_\_ (Street Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

\_\_\_\_\_ (Social Security Number) \_\_\_\_\_ (Date of Birth)

**THIS PORTION TO BE COMPLETED BY STATE BOARD**

I. The above named person was certified or registered as:

	<u>Certificate Number</u>	<u>Date Issued</u>	<u>Valid Until</u>
<input type="checkbox"/> Engineer-in-Training	_____	_____	_____
<input type="checkbox"/> Professional Engineer	_____	_____	_____
<input type="checkbox"/> Surveyor-in-Training	_____	_____	_____
<input type="checkbox"/> Prof. Land Surveyor	_____	_____	_____

II. Disciplinary Actions:  Yes  No If "Yes", please provide certified copies of action

III. Basis of Registration:

**Written Examination**

	<u># of Hrs.</u>	<u>Results (P/F/Score)</u>	<u>NCEES Exam (Yes/No)</u>	<u>Exam Date</u>
<input type="checkbox"/> Fund. Of Engineering (EIT)	_____	_____	_____	_____
<input type="checkbox"/> Princ. & Pract. of Engineering (PE)	_____	_____	_____	_____
<input type="checkbox"/> Fund. Of Land Surveying (SIT)	_____	_____	_____	_____
<input type="checkbox"/> Princ. & Pract. Of Land Surveying (PLS)	_____	_____	_____	_____
Other Specify: _____	_____	_____	_____	_____

Oral Examination \_\_\_\_\_ hrs. PE \_\_\_\_\_ hrs. LS Date: \_\_\_\_\_

Comity with: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Education and Experience: If licensed with less than 8 years of experience including graduation from ABET engineering curriculum, please check here  and attach a detailed written description of qualifications and basis for licensure.

Signature and Title: \_\_\_\_\_

(Board Seal)

Board: \_\_\_\_\_ Date: \_\_\_\_\_