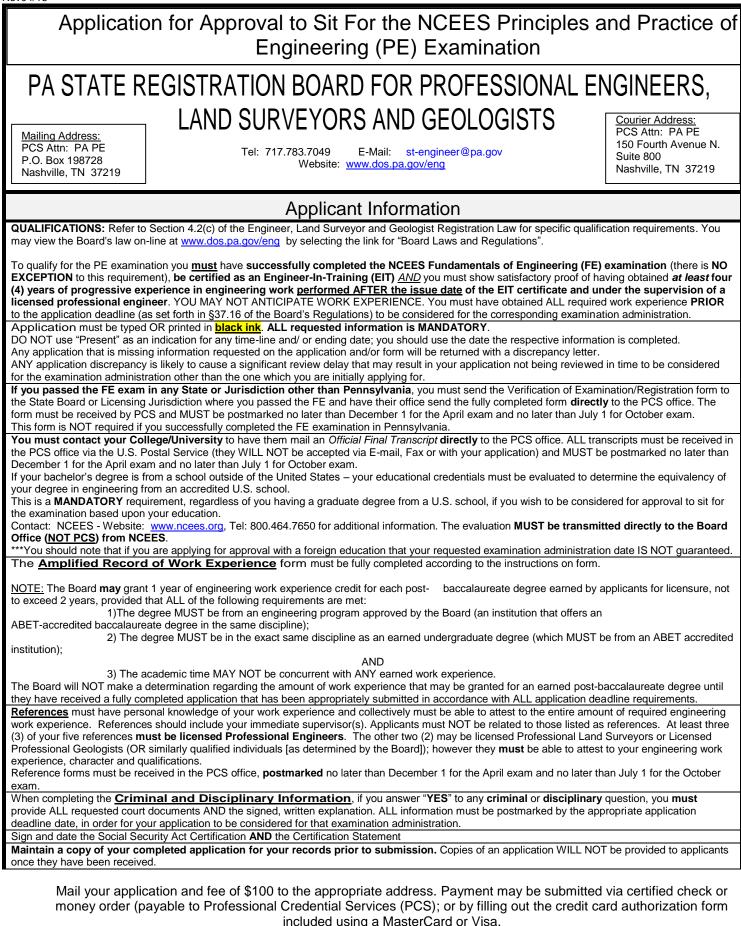
Rev04/15



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

Mailing Address: PCS Attn: PA PE, P.O. Box 198728, Nashville, TN 37219

Courier Address: PCS Attn: PA PE, 150 Fourth Avenue N., Suite 800, Nashville, TN 37219

PCS will initially process your application and fee. Once ALL required application materials have been received by PCS and your application is considered fully complete, your application will be forwarded to the office for the Pennsylvania State Registration Board for Professional Engineers, Land Surveyors and Geologists (Board) for application review and evaluation by the Board.

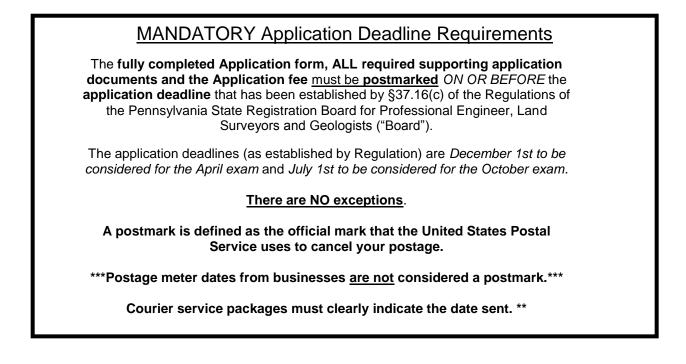
If ANY supporting application materials and/or documents are received AFTER the application deadline (as established by §37.16 of the Regulations of the Board) your application will be considered for the NEXT examination administration.

Every *fully complete* (all required items are postmarked by the application deadline) application that is received by PCS 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 <u>responsibility of the applicant</u> to provide ALL of the information requested on the application form, additionally, it is the <u>responsibility of the applicant</u> 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 PCS by the application deadline date.

Requested examination administration dates are not guaranteed.



If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

Application for Approval to Sit for the NCEES Principles and Practice of Engineering (PE) Examination								
								Sourior Addroses
Mailing Address: PCS Attn: PA PE Tel: 717 P.O. Box 198728 Nashville, TN 37219	7.783.7049	E-Mail: <u>st-engin</u>	eer@pa.gov	Website	www.dos	s.pa.gov/eng	– P 1 S	Courier Address: PCS Attn: PA PE 50 Fourth Avenue N. Suite 800 Jashville, TN 37219
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				Middl	е			
Social Security Number					Date	e of Birth		
Street Address:								
(Continued)								
City			:	State		Zip		
Daytime Phone						Extension	ı	
E-Mail Address (By providing your E-Magree to be contacted via E-Mail by PCS of		1						
Maiden Name or Prior Name (if app	plicable)							
If any application documents will be certificate, a copy of a divorce decree name change								
Section 2: Board Application Fee Submit check or money order in the amount of \$100.00 payable to "PCS." 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 In	formation							
Have you passed the FE Exam?		Yes (continue		lo (STOP: sit for the			exam to	qualify for approval
State FE Exam was passed (if other than PA complete all information and have Exam Score Certification sent)	pass				EIT Issue			
I am requesting approval to sit for for the following Principles and Practice of Engineering (PE) exam administraton date (check one): April October								

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

Section 4: Education (If additional space is required, submit on a 8 ¹ / ₂ " x 11" sheet of paper) Transcripts must be mailed directly from college/university to PCS.									
DEGREE	UNIVERSITY/COI	LEGE NAME	CAMPUS ADDR AND STA		MAJOR	CONFERRAL DATE			
BS									
MS									
PHD									
			-						
	References (See "								
List five refe	erences - Name, S	State, Professi	onal License Nu	mber and Te	elephone numb	er			
	Name	Ad	dress	State In Which Licensed	License #	Telephone #			
1.									
2.									
3.									
4.									
5.									
Section 6:	Applications pre	eviously subr	nitted to this B	oard.					
Enginee Trainin			veyor-In- aining L	Professional and Surveyor	Professional Geologist	None			
Section 7	Do You	<u>Read</u>	Yes 🖵 N	lo					
		<u>Write</u>	Yes N	0					
	and <u>Speak</u> Yes No the English Language?								

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

Name of Applicant (Print):

Section 8: The Following Questions Must Be Answered		
If you answer "Yes" to any criminal or disciplinary questions 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.	YES	ΝΟ
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.		
Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline? If action was taken in Pennsylvania – Certified copies NOT required.		
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		

Pennsylvania State Registration Board for Professional Engineers, Land Surveyors and Geologists Name of Applicant (Print):

Section 9: 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.

Date:

Date:

Signature of Applicant:

Section 10: 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:

PCS will initially process your application and fee. Once ALL required application materials have been received by PCS and your application is considered fully complete, your application will be forwarded to the office for the Pennsylvania State Registration Board for Professional Engineers, Land Surveyors and Geologists (Board) for application review and evaluation by the Board.

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It is the <u>responsibility of the applicant</u> to provide ALL of the information requested on the application form, additionally, it is the <u>responsibility of the applicant</u> 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 PCS by the application deadline date.

Credit Card Authorization

If paying by credit card, the following information must be supplied:

Visa Card #:		
MasterCard		
Amount:	Expiration Date:	3 Digit Sec. Code:
Print name appearing on the card:		
Address:		
Email Address:		
Authorized Signature:		

Rev 12/13

AMPLIFIED RECORD OF ENGINEERING WORK EXPERIENCE FOR PE EXAM

Page

(Dup	(Duplicate this blank page to provide sufficient extra pages to adequately document your experience. ONLY information presented on this form will be considered.)										
Dates of Engineering Employment (All time frames must be accounted for Dates of Engineering Employment (All time frames must be accounted for Dates of Engineering Employment (All time frames must be accounted for Dates of Engineering Employment (All time frames must be accounted for					 Professional Engineer, AFTER the issuance of the EIT certificate and prior to initial licensure. List employers in <u>chronological order</u> with the oldest employment shown as Number 1. Show name and address of each employer and the title of your position. For each employer describe in <u>detail</u> the work you performed and your specific role(s). Applicants with insufficient 	Areas of E Must equa time en		s & Months Experience lal length of mployed			
Number (1,	: & ADDRES	employm , indicate "I	"	Do NC Prese our en	ent" a	as	 Each page of the record MUST include your PRINTED NAME and DATE as well as all other requested information. Your signature is required on the LAST page of each engagement, along with the totaled experience for that engagement. List Work Experience section in the following format: 	In Design		In Other Engineering Work	
Employment Number (1, 2, 3,	List <u>NAME</u> Official th	(If licensed	From	Mo/Yr	To	Mo/Yr	 (a) Title of Position (b) Name and Address of Employer (c) Description of Work – Must be accurate, detailed, all-inclusive and indicate character of work and degree of responsibility. 	Yrs	Mos	Yrs	Mos
	Supervisor's Name:	Supervisor's Address:					Engineering Work Experience Description: Work Experience <i>MUST</i> be listed in a yearly format <u>with no more than one</u> <u>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.				
Prii	nt Namo	e (<u>EACH P</u> A	<u>\GE</u>):				Signature (Last Page Of Each Engagement): Date(EACH PAGE): EXPERIENCE (TIME) GAINED WHILE EMPLOYED → (Total Experience on LAST PAGE OF EACH ENGAGEMENT)				



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 Engineering Work Experience Requirements

To assist the Board with providing the most appropriate evaluation of your engineering work experience, you must submit an "Amplified Record of Engineering 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 engineering work that you obtained under the supervision of a licensed professional engineer(or similarly qualified engineer of a grade or character to fit him to assume responsible charge of the work involved in the practice of engineering), after the issuance of your Engineer-In-Training (EIT) certificate and prior to initial licensure.

The amplified record must clearly describe the supervised engineering work that you personally performed; delineate your role in any group engineering activity; provide an overall description of the nature of work you personally performed and specifically indicate how your engineering skills and responsibilities have progressively increased during your years of experience and must demonstrate conclusively the years of progressive professional experience you have obtained (*including detailed examples of how engineering knowledge and engineering principles, including the principles of math and science, were actually employed*) in engineering work of a grade and character to fit you to assume responsible charge of the work involved in the practice of engineering. Please note that *the only work experience considered during any application review* is the experience information provided on *the amplified record*. Do NOT attach a resume or curriculum vitae in lieu of an Amplified Record of Work Experience form.

Additionally, please note that you should provide <u>no more</u> 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.

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 gualified 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 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). 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 B. Reference Check List: character, ability, reputation and professional skills and attainments. Be assured that the Board will hold all information strictly confidential. I. 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 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 MUST be returned directly to the appropriate office from the reference, as noted in item 4 (above). DO NOT RETURN THE REFERENCE INFORMATION FORM TO THE APPLICANT

REFERENCE INFORMATION FORM

Applicant's Name:			Ар	oplying f	or:				
Address:		City:			State:	Zip:			
ALL OF THE FOLLOWING MUST BE COMPLETED BY THE REFERENCE:									
Must be typed or completed in black ink – If ALL Information is not provided, the form is not considered complete									
1. Name:	LAST FIRST								
2. Address:	Street								
	City	S	itate			Zip			
3. Business Phone (8 AM - 4. E-Mail Address:	5 PM):		-		Ext.:				
5. What is your present b	usiness or profession:								
6. If in individual practice	, please indicate nature	of such praction	e.						
7. What is your area of ex	pertise (discipline)?								
8. Are you a Licensed DE	ngineer	-	INone i vitae .	Lic Sta	ense #	Exp. Date			
9. How long have you kno		From Do not u		ent"	to	i	nclusive.		
10. Did/Do you provide di	rect supervision over th	e applicants w	ork?		on below (use	o", provide a de a separate pa			
11. Did/Do you have revie	w and approval authorit	y over the app	licants	work?	detailed expla	lo If "No", pl anation below le if necessary)	(use a		
12. Are you in any way re	lated to applicant?	□ Yes	□ No)					
13. Do you know of anything reflecting adversely on the integrity, morals or general good character of the applicant ?						d explanation			

14. Does the applicant read, write, and speak the Eng	glish	language intelligibly?	□ Yes	□ No
15. Was the applicant assigned tasks and duties with increasing responsibility?	vide a detailed e :	xplanation below (use		
16. Is applicant's experience of a grade or character allow applicant to assume sole responsible charge of the work involved in the practice of the profession?		☐ Yes ☐ No If "No", p (use a separate page if nec		explanation below
		1		
17. Do you recommend the applicant for certification or licensure?	□ Y (use	es		explanation below
18. Focusing on the applicant's ability to utilize the p	orinci	nles and practice of their	nrofession n	provide a
description of what you think are the applicant's qua				
19. Does the applicant consistently demonstrate a professional attitude in his/her work?		□ Yes □ No If " No " (use a separate page if r		ailed explanation
I		certify to the accuracy	/ of the above	statements
Print your name				
Signature:		Date:		

VERIFICATION OF EXAMINATION / REGISTRATION

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

Mailing Address: PCS Attn: PA PE P.O. Box 198728 Nashville, TN 37219 Courier Address: PCS Attn: PA PE 150 Fourth Avenue N. Suite 800 Nashville, TN 37219

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 PCS **directly from the Verifying State or Jurisdiction**. (You may duplicate this form as much as necessary.)

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

THIS PORTION TO BE COMPLETED E	BY APPLICANT							
TO: (State Board Completing Form) (Name of Applicant)								
	(Street Address)							
	(City)	(S	State)	(Zip)				
	(Social Security Number)		(Date of E	Birth)				
THIS PORTION TO BE COMPLETED E	BY STATE BOAR	D						
I. The above named person was certified or rec	gistered as: <u>Certificate Nu</u>	umber Da	ate Issued	Valid Until				
 Engineer-in-Training Professional Engineer Surveyor-in-Training Prof. Land Surveyor 			·					
II. Disciplinary Actions: Yes No	If "Yes", please provide c	certified copies	of action					
III. Basis of Registration:								
Written Examination			CEES Exam (Yes/No)	Exam Date				
 Fund. Of Engineering (EIT) Princ. & Pract. of Engineering (PE) Fund. Of Land Surveying (SIT) 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 licesensure								
Signature and Title:		_	(Board Se	eal)				
Board:	Date:			,				