

Commonwealth of Massachusetts Division of Professional Licensure Board of Registration of Professional Engineers and Professional Land Surveyors

WALL CERTIFICATE REQUEST FORM

Candidates seeking a duplicate wall certificate should submit this form along with a certified check, money order or credit card payment in the amount of \$25.00, made payable to Engineering Examination Services, to the address shown below (use the attached form).

| Name: (please print or type) | |
|---|---|
| Address: | |
| | |
| | |
| License/Certificate No. | |
| Engineer in Tr | aining Certificate |
| Surveyor in Training Certificate | |
| Professional Engineer Certificate | |
| Professional La | and Surveyor Certificate |
| Please be advised that processing time ma | ay take approximately two to three weeks. |
| Mail form a Professional Crede | |

Mail form and fee to:
Professional Credential Services
ATTN MA ENG
PO BOX 198728
Nashville TN 37219