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															
Mailing Address:Courier Address:PCS Attn: PA PE P.O. Box 198728 Nashville, TN 37219Tel: 717.783.7049E-Mail: st-engineer@pa.govWebsite: www.dos.pa.gov/engPCS Attn: PA PE 150 Fourth Avenue N. Suite 800 Nashville, TN 37219								S Attn: PA PE Fourth Avenue N. te 800							
Section 1 Applicant Black ink or Ty	Informat	ion		must ı											take to the exam. stering with the
Last Name															
First Name										Middle					
Social Secur	ity Number										Date	e of Bi	rth		
Street Addre	Street Address:														
(Con	tinued)								 						
City									Sta	ıte		Zip			
Daytime Pho	one												Exte	ension	
E-Mail Addre	€SS (By provid) stacted via E-M	ing your ail by P	r E-Mai CS or t	l addre he Boa	∺ss you ard)										
Maiden Nam	e or Prior N	lame (i	if applic	able)											
	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														
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	: Examin	ation	ı Infc	orma	tion										
Have you passed the FE Exam?						Yes (contin	ue)	No (STOP: You must pass the FE exan to sit for the PE exam)				∍xam to qu	alify for approval	
State FE Exam was passed (if other than PA complete all information and have Exam Score Certification sent)					pass						IT 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					
	a	nd <u>Speak</u>	Yes 🔁 N	o the Er	nglish Languag	e?			

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 Human Services (DHS), this licensing board must provide DHS information prescribed by DHS 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:

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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

(Du	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 and include the Engineering Employment (All time frames must be accounted to revise and result the formation Engineering Engineering Employment (All time frames must be accounted to revise and result the frames Engineering Enging Engineering Engineering Engin						ce gained under the supervision of a licensed and prior to initial licensure. Areas of Experience n as Number 1. Must equal length of time employed specific role(s). Applicants with insufficient E ON ON THIS FORM DATE as well as all other requested information. E			
Employment Number (1, 2,	List <u>NAME 8</u> Official tho	Image: Section in the following format: Image: Section in							
	Supervisor's Name:	Supervisor's Address:					neering Work Experience Description: Work Experience MUST be of experience per page: however, you may use <u>more than one page for</u> mum number of pages allowed.	r a single year of work experience; there is no	
Pri	nt Name	e (<u>EACH PA</u>	<u>GE</u>):				Signature (Last Page Of Each Engagement): Date(EACH PAG	E): 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:		ŀ	Applying for:								
Address:		City:			State:	Zip:					
ALL O	F THE FOLLOWING M	UST BE CO	IPLET	ED BY T	HE REFER	ENCE:					
Must be typed or comple	Must be typed or completed in black ink – If ALL Information is not provided, the form is not considered complete										
1. Name:	LAST	IRST									
2. Address:	Street										
	City		State			Zip					
3. Business Phone (8 AM -	5 PM):	-	-		Ext.:						
4. E-Mail Address:											
5. What is your present b	usiness or profession:										
6. If in individual practice	, please indicate nature	of such pract	ice.								
7. What is your area of ex	pertise (discipline)?										
8. Are you a Licensed DE	-	-			ense #	Exp. Data					
9. How long have you kno	submit a detailed resum	From	m vitae	e. Sta	to	Exp. Date	I				
9. How long have you kind			use "pre	esent"	ιο		inclusive.				
10. Did/Do you provide di	rect supervision over th	e applicants	work?		ion below (use	o", provide a de e a separate pa					
11 Did/Do you have ravia	w and approval authorit	waver the en	nliaant	o work?		No If "No" , p	rovido o				
11. Did/Do you have revie	w and approval aution	ly over the ap	piicam	S WOIK?	detailed expl	anation below ge if necessary)	(use a				
	lated to employer()										
	 12. Are you in any way related to applicant? 13. Do you know of anything reflecting adversely on the □ Yes □ No If "Yes", provide a detailed explanation 						d explanation				
13. Do you know of anything reflecting adversely on the integrity, morals or general good character of the applicant?											

14. Does the applicant read, write, and speak the En	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		□ Yes □ No If "No", p (use a separate page if nec		explanation below
the work involved in the practice of the profession?				
17. Do you recommend the applicant for certification or licensure?	□ Y (use	es □ No If " No ", prov a separate page if necess		explanation below
		· · · ·		
18. Focusing on the applicant's ability to utilize the p description of what you think are the applicant's qua				
· · · · · · ·				
		☐ Yes ☐ No If " No "	provido o dotr	ailed explanation
19. Does the applicant consistently demonstrate a professional attitude in his/her work?		(use a separate page if r		
l		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 BY APPLICANT									
TO: (State Board Completing Form)									
	(Name of Applicant)								
	(Street Address)								
	(City)		(04-4) (7:)						
	(City)		(State)	(Zip)					
	(Social Security Number)		(Date of Birth)						
THIS PORTION TO BE COMPLETED B	BY STATE BOAR	RD							
I. The above named person was certified or reg	istered as: <u>Certificate</u>	Number	Date Issued	Valid Until					
Engineer-in-Training									
Professional Engineer									
Surveyor-in-Training									
Prof. Land Surveyor		<u> </u>							
II. Disciplinary Actions: 🗌 Yes 🛄 No	If "Yes", please provide	e certified co	pies of action						
III. Basis of Registration:									
Written Examination	# of <u>Hrs.</u> (Results (P/F/Score)	NCEES Exam <u>(Yes/No)</u>	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 i	including gradua	ation from ABET engi	neering					
curriculum, please check here and attach a detailed writter	n description of qualifications	and basis for li	Cesencure						
Signature and Title:			(Board S	Seal)					
Board:	Date:		(