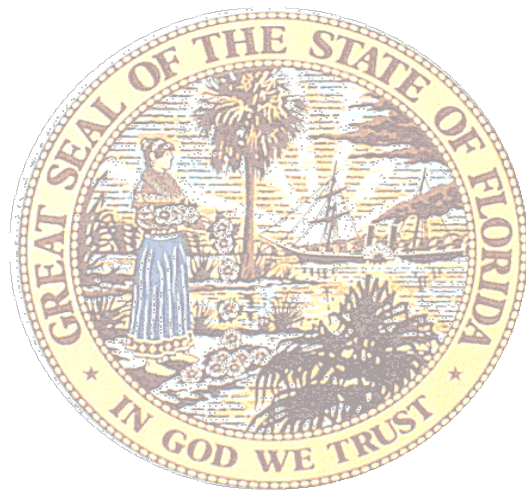


# Florida Board of Professional Engineers

2639 North Monroe Street, Suite B-112

Tallahassee, Florida 32303



## Application For Licensure By Endorsement

## CHECK LIST

- ALL INFORMATION MUST BE TYPED. NOT TYPING THE INFORMATION PROVIDED IN THE APPLICATION WILL RESULT IN THE PAYMENT AND APPLICATION BEING RETURNED TO YOU TO BE FILLED OUT CORRECTLY. THIS WILL CAUSE A DELAY IN THE PROCESS AND MAY RESULT IN A MISSED APPLICATION DEADLINE.**
- Complete the Application in its entirety.**
- Attach fee (\$230.00 which is \$100 Licensure Fee and \$130 Application fee pursuant to Fl. Statute to Chapter 471) - (Must be personal check, cashier's check or money order made payable to the Florida Board of Professional Engineers or FBPE. Starter checks are unacceptable.)**
- Complete the top portion of Verification of Licensure / Examination and forward to the appropriate state(s). (States in which you took the EI and PE exam) – pg 5.**
- Complete top portion of Verification of Education and Transcript Release and forward to school – Transcripts are required – pg 6.**
- Complete top portion of Employment/Experience Verification and forward to employers, who must verify a minimum of 48 months – pg 7.**
- Complete top portion of Personal Engineering References and forward to three PE references – pg 8.**
- To complete the Study Guide, you MUST provide an email address\* All email addresses are public records pursuant to F.S. Chapter 119.011(12). Once your application is received by FBPE, a link to the online Study Guide will be sent to you. You will follow the instruction to complete the Study Guide and the result will be automatically sent to FBPE.**
- Foreign Degrees (BS) must have a course by course evaluation. See 61G15-20.001.**
- Florida requires an EAC/ABET Engineering Degree. If you do not have a Board approved engineering degree, pursuant to Florida Statute 471.013(1) and FAC 61G15-20.001. YOU DO NOT QUALIFY FOR LICENSURE BY ENDORSEMENT IN THE STATE OF FLORIDA. Please contact the Board office for more details.**
- You must provide an email address. All notices are sent via email. Add fbpe.org as a safe sender.**

Application Type



**APPLICATION FOR LICENSURE  
BY ENDORSEMENT**



**Fee: \$230  
(Made Payable to FBPE)**

<b>NAME</b>		Last:	First:	Middle:
<b>MAILING ADDRESS</b>		Number and Street:		Apt/Lot No.:
		City:	State:	Zip Code:
<b>HOME TELEPHONE NUMBER:</b>		<b>BUSINESS TELEPHONE NUMBER:</b>		<b>EMAIL ADDRESS:</b> <small>* <u>All email addresses are public records pursuant to F.S. Chapter 119.011(12)</u></small>
<b>DATE OF BIRTH</b> (MM/DD/YYYY):			<b>*SOCIAL SECURITY NO.:</b>  <small>*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, Florida Statutes.</small>	

**(ATTACH CHECK HERE)**

<b>EDUCATION HISTORY</b>						
Name & Addresses Colleges/Universities Attended:	Type of Degree Received:	Did you graduate Y/N	If Currently enrolled, list anticipated date of graduation. MM/YYYY	In what discipline of engineering was or will your degree be issued?		
		<input type="checkbox"/> / <input type="checkbox"/>				
		<input type="checkbox"/> / <input type="checkbox"/>				
		<input type="checkbox"/> / <input type="checkbox"/>				
Please indicate exam date preference applying for: <input type="checkbox"/> April 20 <input type="checkbox"/> October 20						
Have you filed an application with this office previously? <input type="checkbox"/> YES <input type="checkbox"/> NO						
If yes, list the date of the last Engineer Intern Examination you have taken or were scheduled for:						
<b>EXAMINATION HISTORY</b>						
Have you ever taken a written Engineering Examination in any state or U.S. Territory? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Number of times did you take each exam? _____ PE _____ EI						
	WHERE?	WHEN?	RESULTS?	LICENSE #?		
Engineer Intern						
Professional Engineer						
<b>LICENSURE HISTORY</b>						
Do you now hold or have you ever held a license or registration to practice engineering in any state or U.S. Territory? (including Florida If yes, show all such licenses below or use a separate sheet if necessary).					YES <input type="checkbox"/>	NO <input type="checkbox"/>
State	License No.:	Year Issued:	Type of License:	If License is not in force, how and when validity ceased	License Status	
<b>APPLICATION HISTORY (ATTACH ADDITIONAL SHEETS IF NECESSARY)</b>					YES	NO
<b>A)</b> Have you ever been convicted or found guilty, or entered a plea of guilty or nolo contendere regardless of adjudication, of a crime in any jurisdiction, or have you ever been found guilty by a military court-martial? (Do not include any pending charges or non-criminal traffic offenses). <b>If YES, please list date, jurisdiction (state and county), offense, disposition, and all other relevant information</b>					<input type="checkbox"/>	<input type="checkbox"/>
<b>B)</b> Have you ever been declared legally incompetent in the past five (5) years? <b>If YES, please explain in full on attached sheet(s) including full details as to court, dates and circumstances, and Medical practitioners consulted.</b>					<input type="checkbox"/>	<input type="checkbox"/>
<b>C)</b> Have you ever undergone treatment for the use of drugs, narcotics, or intoxicating liquors in the past five (5) years?					<input type="checkbox"/>	<input type="checkbox"/>
<b>If "C" above is answered YES,</b> Please show on additional sheet(s) the relevant dates and circumstances of such treatment along with the names and addresses of the medical practitioners who treated you. <b>In addition,</b> it will be necessary for you to direct each of the practitioners or hospitals that treated you to furnish the board any information the Board may request with respect to such treatment.						
<b>APPLICATION HISTORY – LICENSURE</b>					YES	NO
<b>A)</b> Have you ever been denied the right to take an Engineering examination in any state?					<input type="checkbox"/>	<input type="checkbox"/>
<b>B)</b> Have you ever been refused an Engineering license – or the renewal thereof – in any state?					<input type="checkbox"/>	<input type="checkbox"/>
<b>C)</b> Have you ever had a certificate of registration to practice Engineering revoked, suspended or otherwise acted against. (including probation, fine or reprimand) in a disciplinary proceeding in any state?					<input type="checkbox"/>	<input type="checkbox"/>
<b>If "A", "B", or "C" are answered YES, you must provide complete details as to state(s), license number(s), date(s) and relevant circumstances on attached sheet(s).</b>						


**PERSONAL ENGINEERING REFERENCES**

Show below the names and address of at least three (3) engineering references. (All three must be professional engineers who must sign & seal the personal reference forms.) \* **Do not use the same individual to verify employment (61G15-20.002(2)).**

Name	Address
1. _____	
2. _____	
3. _____	

**Professional Engineer Discipline:** \_\_\_\_\_

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 shall 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** \_\_\_\_\_

## EXPERIENCE FORM TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME: _____	<b>Type of Experience</b>	<b>%</b>
EXPERIENCE RECORD: SUMMARY AND DESCRIPTION  Name and Address of Employer at Time of Employment:  Work Experience #: _____	Engineering Design	
Name: _____  Address: _____ _____ _____	Engineering Studies, Reports, Evaluations	
Contact #: _____	Engineering Research, Data Preparation & Interpretation	
Date of Employment: From _____ to _____	Other Engineering Related Activities	
	Non-Engineering (including surveying)	

List all employment/experience beginning with earliest experience:

**(A minimum of four years or forty eight (48) months) must be verified at the time of submitting your application.** Employment verification must be completed by professional or practicing engineers using the Employment/Client Verification form (pg. 8). All engineering experience after graduation or prior to graduation shall be listed beginning with earliest experience. Non-engineering experience or periods of unemployment shall be listed but is not required to be verified. If self-employed or are an officer or principal of a company, you are required to submit five (5) client references in lieu of employment verification using page 9 of the application.

Applicant must provide detailed and specific statements defining design work performed and must list the projects for which he/she had full or partial responsibility, including a statement of the extent and complexity of work performed. *Use one form for each work experience.* Make as many copies of this form as you need to list employment.

**Your application will be considered incomplete if a detailed statement is not included.**

**DESCRIPTION:**

**FLORIDA BOARD OF PROFESSIONAL ENGINEERS**  
 2639 N. MONROE STREET, SUITE B-112  
 TALLAHASSEE, FLORIDA 32303  
 (850) 521-0500

**VERIFICATION OF LICENSURE/EXAMINATION  
 ENDORSEMENT**

**FROM STATE VERIFYING  
 LICENSURE/EXAMINATION**

(PLEASE WRITE THE NAME OF THE STATE COMPLETING DOCUMENT)

**TO: FLORIDA BOARD OF  
 PROFESSIONAL ENGINEERS  
 2639 N. MONROE STREET, SUITE B-112  
 TALLAHASSEE, FLORIDA 32303**

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

**THE ABOVE NAMED PERSON WAS CERTIFIED OR REGISTERED AS:**

	CERTIFICATE NUMBER	DATE ISSUED	VALID UNTIL	DATE APPLIED
Engineer Intern	_____	_____	_____	_____
Professional Engineer	_____	_____	_____	_____

**BASIS OF REGISTRATION:**

1. Written Examination

	Exam Date	Pass / Fail	NCEES (Y or N)	Number of Exams Taken
Engineer Intern (Fundamental)	_____	_____	_____	_____
Professional Engineer	_____	_____	_____	_____

Examination Option: \_\_\_\_\_

2.EI Accepted From: \_\_\_\_\_

PE Accepted From: \_\_\_\_\_

**III. REMARKS:**

**BY:** \_\_\_\_\_

(BOARD SEAL REQUIRED)

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# VERIFICATION OF EDUCATION RELEASE

(Transcript Request)

If you are a graduate of a Bachelor, Master and/or Doctorate degree, please forward this completed form to the college or university with a request that a transcript be submitted to our office.

**Name and Address of Institution:**

**Name and Address of Applicant:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

\*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, Florida Statutes.

**Date of Attendance:** \_\_\_\_\_

**Degree Awarded:** \_\_\_\_\_

**Date Degree Awarded:** \_\_\_\_\_

**Discipline:** \_\_\_\_\_

Please forward this document, along with an official copy of my transcript, to the Florida Board of Professional Engineers, 2639 N. Monroe Street, Suite B-112, Tallahassee, Florida 32303. If there is a fee to release the requested transcript, please contact me immediately.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

**RETURN THIS DOCUMENT  
AND TRANSCRIPT TO:**

**(SCHOOL SEAL)**

Florida Board of Professional Engineers  
2639 N. Monroe Street, Suite B-112  
Tallahassee, FL 32303  
(850) 521-0500



**FLORIDA BOARD OF PROFESSIONAL ENGINEERS**

2639 N. MONROE STREET, SUITE B-112  
TALLAHASSEE, FLORIDA 32303

**EMPLOYMENT / EXPERIENCE VERIFICATION FOR LICENSURE BY EXAMINATION**

Name of Applicant _____	Name of Company _____
Street Address _____	Name of Person Completing Form _____
City, State, Zip Code _____	Street Address _____
Date of Birth _____	City, State, Zip Code _____
Telephone No _____	Telephone No. _____

Indicate date document was forwarded to reference: \_\_\_\_\_

**DO NOT INITIATE REFERENCE DOCUMENTS UNTIL FILING THE APPLICATION**

I have given your name as an employer/client and have submitted to the Board of Professional Engineers a signed Certification of Release Statement authorizing "any individual, company or institution with whom I have been associated with, to furnish the Florida Board of Professional Engineers with any information concerning my qualifications for professional registration in Florida which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information."

Will you kindly furnish from your company records, the information requested below and forward the completed document directly to the Florida Board of Professional Engineers.

\_\_\_\_\_  
Applicant's Signature

**TO BE COMPLETED BY REFERENCE:**

1. The above applicant is or was employed with this company from \_\_\_\_\_ to \_\_\_\_\_.
2. During his/her employment that applicant has worked with me/for me from \_\_\_\_\_ to \_\_\_\_\_.
3. I know the applicant has been engaged in engineering for \_\_\_\_\_ years.
4. I know the applicant has been in an increasing level of responsibility of engineering for \_\_\_\_\_ years.
5. Please comment on the applicant's engineering work as indicated in question #3 and #4 for the above outlined time frame as to:
  - a. Experience: \_\_\_\_\_
  - b. Ability: \_\_\_\_\_
  - c. Competency: \_\_\_\_\_
6. Using the interpretations below, please rate the practice and quality of performance of the applicant's engineering work.

Type of Practice	Responsible Charge		Above Average	Average	Below Average	Unsatisfactory	Unkn wn
	Yes	No					
Engineering Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Data Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To the best of my knowledge, the above is true and correct.

**Professional Engineer** State(s) of Licensure: \_\_\_\_\_

**Practicing Engineer** (Chapter 471.003(2))

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

Date and Title/Position \_\_\_\_\_

**PE Seal required (Professional Engineer)**

**FLORIDA BOARD OF PROFESSIONAL ENGINEERS**

2639 N. MONROE STREET, SUITE B-112  
TALLAHASSEE, FLORIDA 32303

**PERSONAL REFERENCE FOR LICENSURE BY EXAMINATION**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Reference

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Telephone No.

Indicate date document was forwarded to reference: \_\_\_\_\_

**DO NOT INITIATE REFERENCE DOCUMENTS UNTIL FILING THE APPLICATION**

I have given your name as a reference and have submitted to the Board of Professional Engineers a signed Certification of Release Statement authorizing "any individual, company or institution with whom I have been associated with, to furnish the Florida Board of Professional Engineers with any information concerning my qualifications for professional registration in Florida which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information."

Will you kindly furnish from your company records, the information requested below and forward the completed document directly to the Florida Board of Professional Engineers.

\_\_\_\_\_  
Applicant's Signature

**TO BE COMPLETED BY REFERENCE:**

1. I have known the above applicant for \_\_\_\_\_ years.
2. I know the applicant is or was engaged in engineering for \_\_\_\_\_ years at \_\_\_\_\_  
(name of company)
3. I know the applicant has been in an increasing level of responsibility of engineering for \_\_\_\_\_ years.
4. Please comment on the applicant's engineering work as indicated in question #3 for the above outlined time frame as to:
  - a. Experience: \_\_\_\_\_
  - b. Ability: \_\_\_\_\_
  - c. Competency: \_\_\_\_\_
5. What is your opinion of the applicant's personal integrity and reputation? \_\_\_\_\_
6. Would you employ applicant in a position of trust? Yes No

To the best of my knowledge, the above is true and correct.

Licensed Professional Engineer

State(s) of Licensure: \_\_\_\_\_

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

Date and Title/Position: \_\_\_\_\_

**PE Seal required (see instructions)**