

FBPE

**FLORIDA BOARD OF
PROFESSIONAL ENGINEERS**

2639 North Monroe Street, Suite B-112
Tallahassee, Florida 32303

**Application for
Principles and Practice
Re-Examination**

Application For Principles and Practice Re-examination

READ AND FOLLOW ALL OF THESE INSTRUCTIONS.

You must familiarize yourself and comply with the requirements for licensure. These instructions are not intended to remove, modify or amend the requirements.

ALL INFORMATION MUST BE TYPED. Handwritten applications WILL BE RETURNED along with your payment. This will delay processing and may result in missing deadlines.

- 1) If you wish to retake the Principles and Practice exam please complete the enclosed application and submit to the Florida Board of Professional Engineers, 2639 N. Monroe Street, Suite B-112, Tallahassee, Florida 32303.

*****Special note: If you have already attempted this exam three (3) times or if it has been three (3) years since you have submitted an initial application (with references) then you must submit an Initial Exam Application. Do not submit this application. Please refer to Rule 61G15-21.007 for additional education requirements if you have failed the exam three (3) times.***

IT IS YOUR RESPONSIBILITY TO CHECK AND COMPLY WITH THE DEADLINES ON FBPE AND NCEES WEBSITES.

- 2) Attach to the re-examination application a check or money order for \$125.00 made *payable to the Florida Board of Professional Engineers.*
- 3) A valid email address is required for all correspondence unless otherwise directed by you. Correspondence by email will speed up application processing and may assist with meeting deadlines.

If you wish to receive correspondence by email, a valid email address must be provided.

All email addresses are public records pursuant to F.S. Chapter 119.011(12). The following Board notices are typically sent via email:


- *Notice that your application has been received*
- *Notice of application status within 30 days from date received*
- *Notice when the application is deemed administratively complete and is ready for Board review*
- *Notice of Approval or Notice of Denial*

Before you can register with NCEES [www.ncees.org] to take the exam, you must receive a *Notice of Approval* with a *Candidate Number* from FBPE. **Approvals are exam-date specific, and Candidate Numbers cannot be carried forward to a future exam date.** If you do not show up for the exam or do not pass the exam, then you will be required to submit to FBPE a new re-examination application and fee for your next desired exam date.

- 4) *It is imperative that you advise us of any changes of address.* Failure to do so may prevent delivery of important information regarding your application and examination dates.

If you have any questions you may contact the Florida Board of Professional Engineers at (850) 521-0500.

Florida Board of Professional Engineers
2639 N. Monroe Street, Suite B-112
Tallahassee, Florida 32303
(850) 521-0500
Web Address: www.fbpe.org

	<p>APPLICATION FOR PRINCIPLES AND PRACTICE OF ENGINEERING RE-EXAMINATION</p> <p>Fee: \$125 (Made Payable to FBPE)</p>	2639 N. Monroe St., Suite B112 Tallahassee, FL 32303	
NAME	Last:	First:	Middle:
Have you ever changed your name through marriage or action of a court, or have you ever been known by any other name ? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach a copy of the marriage certificate or legal court order.		Other Full Name(s) I am/have been known as:	
MAILING ADDRESS	Number and Street:		Apt/Lot No.:
	City:	State:	Zip Code: County:
HOME TELEPHONE NUMBER:	BUSINESS TELEPHONE NUMBER:	DATE OF BIRTH (MM/DD/YYYY):	
EMAIL ADDRESS: Do you wish to receive correspondence via email? Yes No Even if you do not wish to receive correspondence via email, you must provide a valid email address in order to attempt the Laws and Rules Study Guide. All correspondence will be via email. All email addresses are public records pursuant to F.S. Chapter 119.011(12).		SOCIAL SECURITY NO.: 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, F.S.	
IMPORTANT INFORMATION			
Applicants MUST read and follow ALL instructions. All information must be typed; handwritten forms will not be accepted.			
EXAMINATION REQUESTED			
Exam date applying for: <input type="checkbox"/> April ____ (year) <input type="checkbox"/> October ____ (year) _____ CBT EXAM			
Engineering exam discipline intended on taking:			

(Continued on Page 2)

EXAMINATION HISTORY					
Please provide information about any engineering examinations that you have taken in any U.S. state or territory: (Attach extra sheets as necessary.)					
Examination (e.g., FE, PE, SE)	Exam Location (City, State)	Date Taken (MM/YYYY)	Did you pass?		Exam Discipline
			YES	NO	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

APPLICANT HISTORY

Have you ever been convicted, found guilty, or entered a plea of guilty or <i>nolo contendere</i> , regardless of adjudication, of a crime (not including any pending charges or non-criminal traffic offenses) in any jurisdiction, or have you ever been found guilty by a military court-martial?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------	-----------------------------

If you answered YES to the question above, attach a separate page that lists the following information: date; jurisdiction (state and county); offense; disposition; and all other relevant information.

SIGNATURE

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 may 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 _____