



# FBPE

FLORIDA BOARD OF  
PROFESSIONAL ENGINEERS

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

## **Application for Professional Licensure for Armed Forces Members, Former Members, or Spouses**

**Florida Board of Professional Engineers  
Application for Professional Licensure for Armed Forces  
Members, Former Members or Spouses**

**General Information:**

This application is for any individual that holds a valid license for practice of engineering in another state, District of Columbia, any possession or territory of the United States, or any foreign jurisdiction; and is currently serving, or has formerly served, and received an honorable discharge, as an active duty member of the Armed Forces of the United States, or a spouse or surviving spouse of such member.

**APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.**

APPLICATION REQUIREMENTS
<p><b>ALL license applicants must:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Complete this entire application.</li><li><input type="checkbox"/> Submit electronic fingerprints. See Section 1(b) of Instructions.</li><li><input type="checkbox"/> Submit a certificate of licensure.</li><li><input type="checkbox"/> Submit an English translation copy of the statutes and/or rules from your jurisdiction that define the scope of work covered under your current license.</li><li><input type="checkbox"/> Submit proof that you meet the military/spouse requirements as set forth in s. 455.02(3)(a)1., Florida Statutes.<ul style="list-style-type: none"><li>○ Applicants <b>currently</b> serving as an active duty member of the United States Armed Forces must provide a copy of his/her military orders.</li><li>○ Applicants that <b>formerly</b> served as an active duty member of the United States Armed Forces must provide a DD-214 or NGB-22 as proof of honorable discharge.</li><li>○ Spouses of a current or former active duty member of the United States Armed Forces must provide a <b>copy of your marriage certificate to the military service member and one of the following:</b><ul style="list-style-type: none"><li>▪ A copy of your spouse's military orders if spouse is currently serving</li><li>▪ A copy of your spouse's DD-214 or NGB-22 if spouse formerly served</li></ul></li><li>○ Surviving spouses of a former active duty member of the United States Armed Forces must provide <b>both of the following:</b><ul style="list-style-type: none"><li>▪ A copy of your marriage certificate to the military service member</li><li>▪ A copy of your spouse's DD-1300</li></ul></li></ul></li></ul>

**Please mail your completed application, documentation and required fee(s) to: Florida  
Board of Professional Engineers  
2639 N. Monroe St., Ste. B-112  
Tallahassee, FL 32303**

## Instructions

If you have any questions or need assistance in completing this application, please contact the Florida Board of Professional Engineers, at 850.521.0500

### 1. General Requirements for Licensure

- a. This form is required if you are applying for licensure based on holding a valid PE license for the profession in another state, District of Columbia, any possession or territory of the United States, or any foreign jurisdiction and you are or were an active duty member of the Armed Forces of the United States, or a spouse or surviving spouse of such member.
  - i. You may be issued a Florida PE license only if the scope of work covered under your existing professional license is covered under the scope of work for the license you are seeking to acquire.
- b. ELECTRONIC FINGERPRINTING:
  - i. All applications for initial licensure or changes of status are required to have a criminal background check performed by the Florida Department of Law Enforcement and Federal Bureau of Investigation. The Florida Board of Professional Engineers only accepts electronic fingerprinting service offered by Livescan device vendors approved by the Florida Department of Law Enforcement and listed at their site. You can view the vendor options and contact information at [Livescan Device Vendors](#) List. Fingerprint results are valid for 12 months from the date of submission.
  - ii. If you are located outside of the state of Florida, or if you have any questions regarding the electronic fingerprinting process, please view the [Electronic Fingerprinting FAQ](#).
- c. It is your responsibility to become aware of all of the Florida laws, rules, and regulations governing your professional engineering license. Obtaining a license by providing misleading or fraudulent information could lead to revocation and other disciplinary actions by the board.
- d. You will be held to compliance with all the Florida laws, rules, and regulations governing this license from the day you begin to practice.

### 2. Application Instructions (by section)

- a. **Section II – Applicant Personal Information**
  - i. Fill out each section completely. A social security number is required in order to apply for any individual license with FBPE.
  - ii. In the Full Legal Name section, applicants must use the name as it appears on his or her social security card. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
  - iii. Applicants must furnish at least one physical address – i.e., not a P.O. Box.
  - iv. Applicants must provide information on current or prior licenses held in Florida or any other state, territory or jurisdiction of the United States or in any foreign national jurisdiction.
- c. **Section III – Qualification for Licensure**
  - i. Select one option that correctly indicates your eligibility for licensure. Submit the supporting documentation requested in the option selected.
- d. **Section IV – Affirmation by written declaration**
  - i. Applicant must sign the affirmation by written declaration.



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**Section I – Applicant Personal Information**

PERSONAL INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
MAILING ADDRESS			
Street Address or P.O. Box			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
CONTACT INFORMATION			
Primary Phone Number		Primary E-Mail Address Do you wish to receive correspondence via email? Yes No All email addresses are public records pursuant to F.S. Chapter 119.011(12).	
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			

\* The disclosure of your social security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Florida Board of Professional Engineers pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV- D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Florida Board of Professional Engineers to identify licensees for tax administration purposes.

PRIOR NAME INFORMATION			
Have you used, been known as, or been called by another name (e.g., maiden name or nickname) or alias other than the name signed to the application?			
		Yes	No
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

## Section II – Applicant Personal Information – continued

CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list them below (attach additional copies if necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	

## Section III – Qualification for Licensure

METHOD OF QUALIFICATION (Select one option below.)
<input type="checkbox"/> I am currently serving on active duty in a branch of the United States Armed Forces. Submit a copy of your military orders.
<input type="checkbox"/> I have served on active duty in a branch of the United States Armed Forces. Submit a copy of your DD-214 or NGB-22.
<input type="checkbox"/> I am the spouse/surviving spouse of a member of the United States Armed Forces who was married to the member during a period of active duty. Submit a copy of your marriage certificate to the military service member and a copy of your spouse's military orders, DD-214, NGB-22 or DD-1300.

## Section IV – Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>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.</p> <p>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.</p>	
Signature:	Date:
Print Name:	