

## REQUEST FOR VERIFICATION OF LICENSURE

**APPLICANTS: INCLUDE POSTAGE PAID, ADDRESSED ENVELOPE WHEN FORWARDING TO ANOTHER STATE BOARD FOR RETURN TO ABOVE ADDRESS**

BOARD OF PRIOR LICENSURE	PERSONAL DATA (Completed by licensee)
	(NAME OF APPLICANT)
	(STREET ADDRESS)
	(CITY) (STATE) (ZIP)
	Social Security No. XXX-XX-

STATE VERIFICATION INFORMATION (Completed by State Board Providing Verification)			
THE ABOVE NAMED PERSON LICENSED:	LICENSE NUMBER	DATE ISSUED	VALID UNTIL
<input type="checkbox"/> PROFESSIONAL ENGINEER	_____	_____	_____
<input type="checkbox"/> ENGINEER-IN-TRAINING (passed FE)	_____	_____	_____

BASIS OF LICENSURE				
1. <input type="checkbox"/> WRITTEN EXAMINATION:	HOURS	RESULTS	NCEES EXAM	EXAM DATE
	(PASS/FAIL/GRADE)			(MO-DAY-YR)
FE (EIT)	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
P&P (PE)	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
STATE SPECIFIC/OTHER	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
<input type="checkbox"/> EXAMINATION OPTION (DISCIPLINE) _____				
2. <input type="checkbox"/> ORAL EXAMINATION PE _____ Hours FE _____ Hours				
3. <input type="checkbox"/> BY COMITY: FE (EIT) ACCEPTED FROM: _____ (State)				
P&P (PE) ACCEPTED FROM: _____ (State)				
4. <input type="checkbox"/> OTHER _____				

EDUCATION AND EXPERIENCE:	
Were your state's requirements equal to or more demanding at the time this person was licensed than Maryland which, from June 1, 1967 to present, have been: <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
<u>EDUCATION</u>	<u>EXPERIENCE</u>
None	12 years, of which 5 were in responsible charge
Non-accredited 4 yr engineering degree	8 years
EAC/ABET accredited degree	4 years
IF Applicant was licensed prior to June, 1967, list requirements in effect at the time on the reverse side of form, or attach, and check <input type="checkbox"/>	

## DISCIPLINARY QUESTIONS

- |   |
|---|
| 1. Has any disciplinary action ever been taken against the applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| 2. If so, has this disciplinary case been satisfied to the Board's requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, please note on back |

BY: \_\_\_\_\_ Date: \_\_\_\_\_

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

BOARD SEAL

Send the completed form via one of the following options: Email: (a) [dloplproengineerexam-labor@maryland.gov](mailto:dloplproengineerexam-labor@maryland.gov) for P.E. exam or Mail: Board for Professional Engineers, 1100 N. Eutaw Street, Room 121, Baltimore, MD 21201