

Application No. _____

Serial No. _____

Exam Discipline _____?

STATE OF MAINE

PAYMENTS

All information requested on this form must be typewritten or printed in ink. Return this original form.



(To be filled in by Board)

STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS
AUGUSTA, MAINE

APPLICATION FOR LICENSURE

Date of Application _____

Mr.
Ms.
I, Mrs.

_____ hereby apply for licensure to practice

in the State of Maine under an Act to regulate the practice of PROFESSIONAL ENGINEERING, Title 32, Chapter 19, Revised Statutes of 1964, under the classification in the schedule of minimum requirements as checked below:

	Appl. Fee	Oral Exam Fee	Registration Fee
() 1. Licensure by Endorsement (Comity).....	\$25.00		\$40.00
() 2. Graduate Approved Curricula & 4 yrs. Exp.....	\$25.00		\$40.00
() 3. 15 yrs. Lawful Practice, Oral exam (Reciprocity Only)	\$25.00	\$250.00	\$40.00

**** Plus 2nd yr. renewal in even numbered years of \$40.00**

If applying for exam, enclose check for \$25. only to cover application fee, payable to TREASURER, STATE OF MAINE

Daytime Phone: _____ E-Mail: _____

Fax: _____

SOCIAL SECURITY NUMBER

I. GENERAL INFORMATION

- Name (as desired on Certificate of Licensure) _____
- Company Name _____
- Business Address _____
(Mailing Address) (City or Town) (State) (Zip Code No.)
- Residence Address _____
(Mailing Address) (City or Town) (State) (Zip Code No.)

The following statement is made pursuant to the Privacy Act of 1974, Section 7(b). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1976 (42 U.S.C. §405(c)(2)(C)(i). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

NOTICES

BOARD RECORD (To be filled in by Board)

ACTION

GENERAL INFORMATION (CONTINUED)

5. Date and place of birth Yr. Mo. Day _____
Date Place
6. Do you speak and write the English language? _____ 7. Citizen of _____
(Yes or No) (State or foreign country)
8. If not a citizen of the United States, have you made a declaration of your intentions to become one? _____
(Yes or No)
 If YES, when and where? _____
9. Are you certified as an Engineer Intern in Maine? _____ Maine EI #: _____
(Yes or No)
10. Are you registered or licensed as a Professional Engineer or an Engineer Intern in any other State or Country? _____
(Yes or No)
 EI # _____ State _____
 PE# _____
 State or Country: _____ Date of Expiration _____
 Were you qualified by written examinations? _____ If YES, place and date? _____
(Yes or No)
11. Have you previously filed an application in Maine? _____ If YES, what date? _____
(Yes or No)
12. Have you ever been refused or denied registration/license or renewal in any other state? _____ If YES, what state
 or states? _____
(Yes or No)
13. Has any disciplinary action been taken against you? _____ If YES, what state or states? _____
(Yes or No)
14. Do you now have an application pending in any other state? _____ If YES, what state or states? _____
(Yes or No)
15. Are you engaged in the practice of your profession at the present time? _____
(Yes or No)
 If not, state your present occupation _____
16. Names of engineering and allied organizations to which you belong, and grade of membership _____

 NCEES Record # _____?

If your records are maintained by the National Council, you should have the council forward a certified copy of your records directly to this Board and you may omit completion of Sections II. Education, III Experience, and IV References.
If your records are not maintained by the National Council, please have a copy of a Sealed and Signed Transcript from the College where you obtained your BS Degree sent directly to this office from the university.

II. EDUCATION

- (A) High. (B) Preparatory Schools. (C) College or University.
 (Fill in the following form to show nature and extent of supervised education)

Key	Name of Institution	Years Attended		Date of Graduation Month / Year	Courses Completed — Degrees
		From	To		
A					
B					
C					

Exams are held in April and October of each year. Applications should be submitted six months prior to exam date to assure consideration by the Board.

III. EXPERIENCE

Key	Date		Name of Employer — Title of Position <i>(Must appear below)</i> Location & Character of Each Engagement Degree of Responsibility <i>(may use additional paper if necessary)</i>	Time in Yrs. and Mos.		Name and Current Address of Supervisor or Responsible Engineer to whom you reported to and his/her PE # (if known)
	From Months	To Years		In responsible charge	In Design	

Should you need to make special accommodation requests due to ADA or Religious requirements, the deadline for these requests to ELSESES is August 23 for the October exam and February 21 for the April exam.
Contact ELSESES at 1-877-536-7729 or go to their website @ *NCEES.org* for instructions.

Additional detailed information pertaining to Education and Experience should be furnished on plain sheets - 8.5 x 11 inches and signed by the applicant. Key references should be made to corresponding items in the above statement.

IV. REFERENCES

List below at least five (5) references, three (3) of which references shall be licensed engineers having knowledge of your engineering experience. Show also the state in which the engineering reference is licensed and his/her license number, (if known). We will write to them for a response on your behalf.

(Do not include relatives or members of this Board)

To be filled in by Board	Name	P.O. Address (Full Mailing Address)	Occupation	Business Relation to Applicant

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of licensure, as applied for, but also the retention of said certificate, if issued. I also by this affidavit, do release the above named references, employers or former employers, from all liability to me for any damage whatsoever for giving any information they may have regarding me. Further, I have read the Code of Ethics and agree to be bound by same, should I become a Maine Licensed Professional Engineer.

(Signature of Applicant)

STATE OF _____ }
County of _____ } —ss. _____

(Name of Applicant) of _____
(City or Town)

(Date)

State of _____, being duly sworn, says that he or she is the person named in the above application to the STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS for registration as a PROFESSIONAL ENGINEER under Title 32 Chapter 19, M.R.S.A., and the applicant further says that the statements therein contained are each and all strictly true in every respect.

Notary Seal or Stamp

Subscribed and sworn to before me, this _____ day of _____
(Day) (Month) (Year)

Notary Public
Justice of the Peace

My commission expires _____

NCEES Web Site: www.ncees.org
P.E. Board Web Site: www.maine.gov/professionalengineers/

Send this Application to
Mailing Address:
STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS
#92 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0092

Delivery Address:
The Board's office is located at the Augusta State Airport
Terminal Building, 75 Airport Rd., 2nd Floor, Augusta, ME 04330
Fax: (207) 626-2309 • Telephone: (207) 287-3236
E-Mail: pengineers@prexar.com