



STATE OF MAINE

STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS APPLICATION FOR TEMPORARY LICENSURE

(For Board Use)

RCVD _____

LIC. # _____

Date: _____

I, _____, hereby apply for Temporary Licensure to practice or offer to practice Professional Engineering in the State of Maine under the following statute:

(Check one)

- Temporary practice (Not to exceed 30 consecutive days in any calendar year). 32 M.R.S.A. §1255 (1).
- Temporary practice while application for comity licensure is pending (You must submit or have previously submitted an application for comity licensure). 32 M.R.S.A. §1255 (2).

ALLOW 10 DAYS FOR PROCESSING

PROJECT INFORMATION

Dates license required: _____

Client name: _____

Client contact: _____

Email: _____

Phone: _____ Fax: _____

Address: _____

Project Name: _____

Project Address: _____

Provide a complete description of the engineering work to be performed (incomplete descriptions will not be approved):

APPLICANT INFORMATION

Name: _____

Email: _____

Phone: _____ Fax: _____

Business Name: _____

Business Address: _____

Residence: _____
(Mailing Address) (City) (State) (Zip Code)

EDUCATION

Name of Institution: _____

Years Attended: _____ Graduation Date: _____

Course completed or degree awarded: _____

EXPERIENCE

Years of engineering experience (Beginning at the point of graduation): _____

LICENSURE

If any jurisdiction has taken disciplinary action against your professional engineering license, please attach a separate sheet and explain the charges and the resolution. Please print your name, date and sign that sheet.

Current PE licensure (STATE): _____ PE Number: _____

Date Licensed: _____ License Expires: _____

Qualified for original licensure (Check One):

Four-year degree, FE exam, four years of engineering experience, PE exam.

Other (explain below):

I have read the contents of this application and attest that all of the information provided in this application is true and correct to the best of my knowledge.

I understand that any false statement on this application may result in the revocation of this license and could impact future licensure in the State of Maine.

(Date)

(Signature of Applicant)

Please enclose a check or money order for USD \$100.00 payable to: TREASURER, STATE OF MAINE.

ALLOW 10 DAYS FOR PROCESSING

Mailing address:
92 State House Station,
Augusta, ME 04333-0092

Delivery address:
295 Water Street, Suite 207,
Augusta, ME 04330