



STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS

92 State House Station, Augusta, Maine 04333-0092

Engineering Employment Verification

APPLICANT:

Name:		Email:	
Address:			
Phone:		Fax:	
Employer:		Employed:	_____ to _____
Position:			

Describe engineering work performed: (If you need additional space, use plain 8-1/2" X 11" paper and attach it to this page.)

RESPONDENT:

Name:		Email:	
Address:			
Phone:		Fax:	
Position:			

Is the applicant's description of responsibilities accurate? Yes No If no, please explain:

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Describe applicant's character and personal reputation:

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Please describe the extent and complexity of work performed by the applicant:

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Did you have review and approval authority over applicant's work? Yes No
Do you recommend this applicant for PE licensure? Yes No

Signature

Title

Date:

PE No:

Licensed:

PE Seal