



# STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS

For Board Use:

Application No. ....

Certificate No. ....

## APPLICATION FOR ENGINEER-INTERN CERTIFICATION

STATE OF MAINE

I, (full name) \_\_\_\_\_ hereby apply to the State of Maine for Engineer-Intern Certification under the classification checked below:

**1. Original certification**

Graduate of an approved 4-Yr. Curriculum

Passed the FE exam -- date/location: \_\_\_\_\_

Application fee: **\$25.00**

Include check or money order payable to:  
TREASURER, STATE OF MAINE.

**2. Certificate of Reciprocity**

Certified in another jurisdiction: \_\_\_\_\_

Passed the FE exam -- date/location: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN(required): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name and address of closest relative not residing with you:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### EDUCATION

Name of Institution: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Course completed or degree awarded: \_\_\_\_\_

**Please have an official copy of your transcripts, with the degree recorded, sent directly to the board office.**

### BOARD RECORDS -- (For Board Use)

ACTION	DATE	NOTES
Application/Fee \$10		
Transcripts		
FE Results		
Certification		

BACKGROUND

- 1. Have you ever applied for certification or are you currently certified in any jurisdiction? Yes or No \_\_\_\_\_
- 2. Have you ever been refused certification in any jurisdiction? Yes or No \_\_\_\_\_
- 3. Have you ever been convicted of a felony? Yes or No \_\_\_\_\_

If you responded "Yes" to any of the above questions, please explain below. If you need additional space, please use plain paper, 8-1/2" X 11", and attach any supplemental documentation you wish the Board to consider.

REFERENCES

List three people who can vouch for your character and ability (Do not include relatives or Board members):

Name	Address	City, State, Zip	Relation to Applicant

I have read this application and understand that the truth and correctness of my statements is material to the issuance and retention of the engineer-intern certification.

I have read the Professional Engineers Act, the Board Rules, and the Code of Ethics, and agree to be bound by the same.

I permit the State Board of Licensure for Professional Engineers to contact references, employers, family, friends, schools, and any other source necessary to verify the information contained in this application.

I attest that the statements contained in this application are true to the best of my knowledge and understanding.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS

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