

# STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS

#### For Board Use:

Application No.

## APPLICATION FOR PROFESSIONAL ENGINEER LICENSURE

l, (full name) licensure as a Professional Engineer under the classificat	, hereby apply to the State of Maine for ion checked below:
Licensure by Examination	OR Licensure by Comity
<ol> <li>Licensure by Examination: You must have:</li> <li>A degree from an approved four-year program in engineering, engineering technology or an allied science;</li> <li>A passing score on the NCEES FE exam;</li> <li>Four years of progressive engineering work experience verified by licensed professional engineers; and</li> <li>A passing score on the NCEES PE exam. Approval of this application permits the applicant to sit for the PE exam. A passing score is required for licensure.</li> </ol>	<ol> <li>Licensure by Comity: You must have:         <ol> <li>A current, valid professional engineering license in good standing from a jurisdiction of equivalent licensure;</li> <li>A degree from an approved four-year program in engineering, engineering technology or an allied science;</li> <li>A passing score on the NCEES FE exam;</li> <li>Four years of progressive engineering work experience verified by licensed professional engineers; and</li> <li>A passing score on the NCEES PE exam.</li> </ol> </li> </ol>
Application fee:USD \$50.00Licensure fee:USD \$60.00 per year	

The licensure biennium includes one even-numbered year and one odd-numbered year, with all licenses expiring on December 31 of each odd-numbered year. If your application is approved in the even-numbered year, you will pay a licensure fee of USD \$120 to cover two years of licensure. If your application is approved in the odd-numbered year, you will pay a licensure fee of USD \$60. Check or money order should be made payable to: TREASURER, STATE OF MAINE.

#### APPLICANT INFORMATION

Name:		DOB:	
Email:		SSN:	
Phone:	Cell:	Fax:	
Home Address:			·
Business Name:			
Business Address:			

#### BOARD RECORD

# (FOR BOARD USE ONLY)

	Licensure by Exam		Li	censure by Comity	
Date Received		Date Receive	d		
Receipt letter		Current Licen	se		
Qualifying Degree		Qualifying De	gree		
Additional Degree(s)		Additional De	gree(s)		
Verify FE		Pass FE		Pass PE	
Verify Experience		Pass SE		Other	
References		Experience		References	
Staff approval		Staff approva	I		
Board approval		Board approv	al	·	
Approval letter		Approval lette	er		
Date Licensed		Date License	d		
Database		Database			

BOARD ACTIONS / COMMENTS

#### Have you ever applied for certification or licensure in Maine? No Yes 1. Have you ever been refused certification or licensure in any jurisdiction? Yes No 2. Have you ever been disciplined in any jurisdiction? 3. Yes No Have you ever been convicted of a crime? Do not include traffic tickets. Yes No 4.

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.

NCEES Record Number (for comity applicants only):

If NCEES maintains a record on your behalf, please have NCEES transmit your record to this board. If your record is incomplete or insufficient in any manner, you will be contacted. Read the ATTESTATION, sign the form, and return it to this office.

### EXAM AND LICENSE VERIFICATION

Please list your current licensure and the dates and locations that you passed your licensing examinations (FE, PE, SE, etc.). Then either download the verification form from our website and send it to the relevant jurisdiction(s) or submit a verification request on https://verify.ncees.org. The certified, completed form must be returned directly to this office from the jurisdiction of record.

License Type	State	License Number	Date Issued	Valid Until
Engineer-Intern				
Professional Engineer				

Exam Type	Discipline	Exam Date	Location	Hours	NCEES?
NCEES FE					
NCEES PE					

#### **EDUCATION**

Please list your Bachelor of Science and any graduate degrees. Have an official copy of your transcripts sent directly to the board. . . . . . . . . **C** L .

Name of Institution:	
Years Attended:	Graduation Date:
Degree Conferred:	

Name of Institution:		
Years Attended:	Graduation	Date:
Degree Conferred:		

Name of Institution:	
Years Attended:	Graduation Date:
Degree Conferred:	
Rev 12/14	

#### BACKGROUND

### EXPERIENCE

PLEASE NOTE:

- 1. Maine requires a minimum of four years of verifiable engineering work experience to qualify for PE licensure.
- 2. Current statute requires the work experience to be complete prior to the date of the PE exam.
- 3. Applications may be submitted prior to obtaining four years of work experience.
- 4. Candidates for licensure with non-ABET or allied science BS degrees must provide evidence of eight years of experience.
- 5. Each graduate engineering degree (MS, PhD) counts toward one year of work experience.
- 6. Experience should be progressive, meaning it should demonstrate increasing responsibility.
- 7. One person may provide the Verification of Employment and PE Reference, but they must complete both forms.
- 8. The Job Description is intended to be representative; more detail can be given on the Verification of Employment.
- 9. The completed Verification of Employment Form(s) should be sent directly to the board office by the employer.
- 10. If you need more space, make copies of this page or use plain 8-1/2" X 11" paper to provide the same information.

Name of Employer:				
Address:				
Supervisor:			Supervisor's Title	e:
Employed MM/YYYY:	From:	To:	Job Title:	
Job Description:		i		
Months in design:			Months in Responsible Charge	2:

Name of Employer:							
Address:							
Supervisor:					Supervisor's	s Title:	
Employed MM/YYYY:	From:	T	0:		Job Title:		
Job Description:						L	
Months in design:				Months in Re	sponsible Cl	harge:	

Name of Employer:				
Address:				
Supervisor:			Supervisor's Title:	
Employed MM/YYYY:	From:	To:	Job Title:	
Job Description:	•			
Months in design:			Months in Responsible Charge:	

Name of Employer:						
Address:						
Supervisor:				Supervisor	s Title:	
Employed MM/YYYY:	From:	To:		Job Title:		
Job Description:						
Months in design:			Months in Re	sponsible C	harge:	

#### REFERENCES

List the names and contact information for the individuals who will be providing your references. At least three of your references must be licensed professional engineers who are familiar with your engineering work. Please download and send each of them a PE Reference Form. Completed PE References should be sent directly to the board.

Name:	E	Email:	
Title:	F	Relationship:	
Company:	L L L L L L L L L L L L L L L L L L L	Address:	

Name:	E	Email:	
Title:	F	Relationship:	
Company:	A	Address:	

	Email:
Title:	Relationship:
Company:	Address:

Name:	Email:
Title:	Relationship:
Company:	Address:

Name:	Email:	
Title:	Relationshi	D:
Company:	Address:	

#### ATTESTATION

I have read this application and understand that the truth and correctness of my statements is material to the issuance and retention of the Professional Engineer license.

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, and indemnify any source from any liability for releasing information about me to the Board.

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

Signature

Date

Print Name

Send the completed application to:STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERSUS Mail:92StateHouseStationAugusta,ME04333-0092UPS/FedEx:295 Water Street, Suite 207, Augusta, ME 04330