

STATE OF ALABAMA
BOARD OF LICENSURE FOR
PROFESSIONAL ENGINEERS AND LAND SURVEYORS

APPLICATION
FOR
PROFESSIONAL ENGINEER LICENSURE

Board Use Only
File No.
Date
Lic. No.
Date

Exam Applicants
Fee \$50 make checks payable to: PE & LS Fund
Deadline January 15 for April exam
July 1 for October exam
The application must be typed. Application, fee, referenc-
es, experience verifications, transcripts (if applicable) and
verification of exams from another state (if applicable) must
be RECEIVED by the filing deadlines.

Comity Applicants
Fee \$125 make checks payable to: PE & LS Fund
Deadline On website under board meeting dates/deadlines
The application must be typed. Application, fee, references,
experience verifications, transcripts and verification of exams
from another state must be RECEIVED by the filing deadlines.
NCEES Record Holders - Only complete questions 1-15, 20
and 22-23 on the application.

1. Full Legal Name _____ Mr _____ Ms _____

2. Addresses (furnish both addresses and indicate preferred mailing address with an "X" in the appropriate box)

Residence: _____ () _____ Telephone No. _____

Firm Name: _____ () _____ Telephone No. _____

Firm Address: _____

Email Address: _____ Most of the correspondence pertaining to your application
will be sent by e-mail. To receive e-mail from the Board, add bonnie.kelly@bels.alabama.gov to your address book as a safe sender.

3. Date of birth ____/____/____ 4. U.S. Social Security No. ____ - ____ - ____

5. I am applying for licensure by [] Comity (skip to Question 6) [] Exam (complete Questions 5, 6 & skip to Ques. 10)

Have you failed the PE exam in another state? If yes, what state & number of times _____ [] Yes [] No

6. Indicate Alabama or other jurisdictions where you passed the FE and/or PE exam(s) - see page 3 of the instructions

FE: State _____ Exam date: _____ EI No. _____

PE: State _____ Exam date: _____ PE No. _____

7. State of first PE Licensure _____ Date _____ Current to ____/____/____

8. Other States in which you are licensed _____

9. Do you hold a current NCEES Record? _____ Contact NCEES to have your record sent

(Affirmative answers to questions 10-15 must be explained under Question 20)

10. Has your name changed since birth? [] Yes [] No

11. Have you previously filed a PE or PLS application with this Board? [] Yes [] No

12. Have you ever been denied licensure in any jurisdiction? [] Yes [] No

13. Have you ever been disciplined or do you have any complaints pending against you in any jurisdiction? [] Yes [] No

14. Do you currently have criminal charges pending? [] Yes [] No

15. Have you ever been convicted, plead guilty, placed on probation, had adjudication withheld, accepted pre-trial diversion for a felony or misdemeanor? If so, answer yes even if you understood the conviction was expunged or dismissed and would not be reported. Background checks are performed on all applicants. [] Yes [] No

Master File _____

16. Undergraduate/Graduate Record

Name _____

List all universities in the order you attended. Transcripts are required of all applicants

University and Location	No. of Years Attended	Entrance Date	Leaving Date	Degree & Curriculum Obtained	Board Use Only

You must contact the University and have your transcripts showing your engineering, engineering technology or related science degree sent directly to the Board Office from the University - we do not have a form for this request.

If you are certified as an Engineer Intern in Alabama, your transcript should be on file, unless an additional degree has been obtained.

If your BS degree is from a foreign country, see page 4 of the instruction booklet.

17. Experience Record (Read Instructions Carefully Before Completing This Section)

Engagement Number	Date From (mo & yr) To (mo & yr)	<p>All time must be accounted for, including military time, illness, unemployment, etc. List engagements in chronological order. Engagement 1 should be your work experience after college whether or not it was engineering experience. For each engagement, list experience in the following format: (1) Title of Position (2) Name of Firm and City and State where employed (3) Description of experience (one line is not sufficient) detailing, in first person, the work you personally performed in design, study, review, testing or other tasks which required your engineering skills. This work should be progressive. Do not list projects. If an engagement was part time work, indicate part time and the number of hours you worked per week. Experience must be started on the application form first. If you need to use additional pages, please number accordingly. Experience cannot be anticipated. You must have the required experience when the application is submitted. You must send an experience verification form to your PE supervisor or associate for each engineering engagement listed below that can be verified. Experience must be verified by a PE associate even if you are self employed.</p>	Non Engineering Experience List Number of Months	Engineering Experience List Number of Months
(Total Engineering Time may not exceed Total Calendar Time)			Total Months	

17. Continuation of Experience Record

Name _____

Engagement Number	Date From (mo & yr) To (mo & yr)	For each engagement, list experience in the following format: (1) Title of Position (2) Name of Firm and City and State where employed (3) Description of experience (one line is not sufficient) detailing, in first person, the work you personally performed in design, study, review, testing or other tasks which required your engineering skills. This work should be progressive. Do not list projects.	Non Engineering Experience List Number of Months	Engineering Experience List Number of Months
(Total Engineering Time may not exceed Total Calendar Time)			Total Months	

Name _____

18. Verification of Engineering Experience - An Experience Verification form must be sent to each person listed below. List only your engineering engagements from Question 17 (experience record) that can be verified by a PE. **Engagement Number and Company name of Employer should correspond with the Experience Record.** If engagement cannot be verified, do not list in this section but explain under 21. Your PE supervisor or associate must have been licensed prior to the time being verified.

Engagement Number	Company Name of Employer	Name of PE Endorser	PE Supervisor	PE Associate	Endorser's State of PE Licensure	Your Months Engineering Experience
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

(duplicate this section if necessary and attach)

Total Engineering Experience Verified

Do Not Write
in this column
For
Board Use
Only

19. References - A Reference form must be sent to each person listed below

List names and addresses of five references who have personal knowledge of your character and professional reputation. Three of your five references must be licensed Professional Engineers who have personal knowledge of your engineering experience. You may use your PE supervisors.

Name	Address	State of PE Licensure
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE TO APPLICANT: You are to send the experience verification forms and the reference forms to the individuals listed above along with an envelope for them to return the forms to you. The envelopes should be sealed and signed across the back flap. **DO NOT OPEN** the sealed envelope. You are to collect the sealed envelopes and submit along with your application.

Name _____

20. Explanation of affirmative answers for questions 10 through 15 on page one. (Attach sheets if necessary)

Response for Question 10

Previous name _____ Reason changed _____

Response for Question 11

Previously filed application was:

Denied on _____ Deferred on _____ Closed on _____ (fail to pass exams)

Licensed as _____ License Number _____ Date Expired _____

Response for Question 12

Denied licensure in the State of _____ when _____

basis for denial _____

Response for Question 13

Disciplined/Pending Complaints in the State of _____ when _____ basis of disciplinary action/charges _____

_____ outcome _____

Response for Question 14

Charges pending

Date of offense _____ Offense _____ Felony or Misdemeanor _____

Response for Question 15

Criminal Action

Date of offense _____ Offense _____ Felony or Misdemeanor _____

Action taken: Fine _____ Probation _____ Jail _____ Case Dismissed _____ Case Still Pending _____ Other _____

_____ Have you lost your civil rights? _____. If yes, have they been restored and the date they were

restored? _____ (restoration of civil rights documents must be submitted with the application)

21. Explanation for Question 18 Verification of Experience - **(Why experience cannot be verified)**

List engagement number and explanation

22. **CITIZENSHIP DECLARATION**

The Alabama immigration law requires proof of US citizenship or legal presence in order to become licensed.

Please select the appropriate citizenship or legal presence status below and provide legible documentation that shows proof of the status you selected. Click [here](#) for a list of acceptable documents.

_____ I am a United States citizen.

_____ I am an alien, legally present in the United States.

23. **AFFIDAVIT CERTIFICATION, AUTHORIZATION AND RELEASE**

State of _____

County of _____

_____, being
(Applicant's Name)

first duly sworn, deposes and says:

I, the applicant named in this application, have read the contents hereof, and to the best of my knowledge and belief the statements contained in this application are true in substance and effect and are made in good faith and I hereby subscribe to and agree to conform with the Rules of Professional Conduct set forth in the Administrative Code, Rule 330-X-14. In accordance with Administrative Code Section 330-X-3-.01(5) withholding information, misrepresentation, or untrue statements will be cause for denial of application.

I also hereby authorize any individual, company or institution with whom I have been associated to furnish the Alabama State Board of Licensure for Professional Engineers and Land Surveyors with any information concerning my qualification for professional licensure in Alabama which they have on record or otherwise, and do hereby release the individual company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information. I understand that the Alabama Child Support Reform Act of 1997 requires that I provide a United States social security number for the purpose of administering the State child support program.

Subscribed and sworn to before me this

_____ day of _____, _____

(Signature of Applicant)

My Commission expires _____

(Signature of Notary Public)

24. **Record of Board (Board Use Only)**

Board Action: _____

Exam Offerings-Grades _____
