

Licensure, examination verification request

Use this form **only** if you acquired your E.I., S.I., P.E. and/or P.S. in a U.S. jurisdiction or state other than Ohio.

1 TO BE COMPLETED BY APPLICANT

NAME
[]

ADDRESS
[]

CITY, STATE, ZIP
[]

U.S. SSN
Last 4 ONLY [] BIRTH DATE >> MM/DD/YYYY []

REQUESTED FROM WHICH U.S. BOARD?
[]

REQUESTING VERIFICATION FOR (CHECK ALL THAT APPLY): E.I. S.I. P.E. P.S.

2 TO BE COMPLETED BY VERIFYING U.S. BOARD

Applicant is certified or registered as:

	CERTIFICATE NUMBER	ISSUED >> MM/DD/YYYY	VALID UNTIL >> MM/DD/YYYY
<input type="checkbox"/> E.I. Engineer Intern	[]	[]	[]
<input type="checkbox"/> S.I. Surveyor Intern	[]	[]	[]
<input type="checkbox"/> P.E. Professional Engineer	[]	[]	[]
<input type="checkbox"/> P.S. Professional Surveyor	[]	[]	[]

Licensure method Applicant is certified or registered by:

		NCEES		EXAM DATE >> MM/DD/YYYY	
		HOURS	RESULTS		YES
<input type="checkbox"/> Written examination	FE	[]	[]	<input type="checkbox"/> <input type="checkbox"/>	[]
	FS	[]	[]	<input type="checkbox"/> <input type="checkbox"/>	[]
	PE	[]	[]	<input type="checkbox"/> <input type="checkbox"/>	[]
	PE exam discipline	[]			
<input type="checkbox"/> Other	PS	[]	[]	<input type="checkbox"/> <input type="checkbox"/>	[]
	[]				

Has disciplinary action been taken against applicant?

NO YES >> IF YES, PLEASE INCLUDE SOURCE OF SUPPORTING DOCUMENTATION

Verified by:

PRINTED NAME, TITLE
[]

SIGNATURE [] DATE []



Questions?