

# Reexam Approval Application

## 1. Registration Qualifications

This Reexam Approval Application is for PE or PS exam candidates who have been previously approved by the Board and who need to **retake the same exam**.

If you are currently registered as a Professional Engineer in Ohio, and are applying to take an **additional PE exam**, use this form and indicate the discipline for which

you are applying for examination approval. Your initials are required in several locations, and your affirmation signature and date signed are required on Page 2. **An incomplete application cannot be reviewed and may be returned.**

<< *Your initials indicate that you have read the Registration Qualifications.*

## 2. \$75.00 Nonrefundable Application Fee R.C. 4733.12, R.C. 4733.13, A.C. 4733-19

**An application and fee is required for each exam cycle.** A \$75.00 nonrefundable application fee, made payable in U.S. funds to **Treasurer, State of Ohio**, is required.

<< *Your initials indicate that you understand the \$75.00 Nonrefundable Application Fee is required by law. **Applications with cash; instead of check or money order made payable to Treasurer, State of Ohio; will be returned.***

## 3. Contact, Personal Information READ DISCLOSURE STATEMENT, PRIVACY NOTICE ON PAGE 2

The Board requires your full name as it will officially appear on any subsequent certificate of registration. **IMPORTANT!** We must assume your name is in U.S. order — first, middle, last. Initials may be used. Your name on this application, and any subsequent NCEES-administered examination registration, **must be the same**.

YOUR FULL NAME IN U.S. ORDER — FIRST, MIDDLE, LAST — INITIALS MAY BE USED

SUFFIX

MAILING ADDRESS LINE 1  
P.O. Box is NOT acceptable

U.S. SOCIAL SECURITY NUMBER  
REQUIRED by Ohio R.C. section 3123.50

MAILING ADDRESS LINE 2 >> **ONLY if needed**

BIRTH DATE >> **MM/DD/YYYY**

CITY

COUNTY >> **REQUIRED if Ohio address**

U.S. STATE, ZIP

CANADA PROVINCE, POSTAL CODE

COUNTRY >> **Only if NOT U.S. or Canada**

EMAIL ADDRESS

TELEPHONE

## 4. Select ONE for Reexamination Approval

**PE** Principles and Practice of Engineering

**PS** Principles and Practice of Surveying **NCEES and OHPS**

PE EXAM DISCIPLINE

**PS** Principles and Practice of Surveying **NCEES only**

**PS** Principles and Practice of Surveying **OHPS only**

## 5. Disciplinary Actions R.C. 4733.20

**FELONY, MORAL TURPITUDE** Have you been convicted, found guilty, pled guilty or received treatment in lieu of conviction for a felony or any offense involving moral turpitude in Ohio or another U.S. state or jurisdiction?

No  Yes If **YES**, provide a written statement, signed and dated, explaining the incident(s) and attach statement(s) and supporting documentation to this application. Documentation should include, but is not limited to, court and police records.

**LICENSE, REGISTRATION** Have you had a disciplinary action involving a professional or vocational license, or registration, or had an application for the same denied in Ohio or another U.S. state or jurisdiction?

No  Yes If **YES**, provide a written statement, signed and dated, explaining the incident(s) and attach statement(s) and supporting documentation to this application.

## 6. Disclosure Statement, Privacy Notice

**DISCLOSURE STATEMENT** The State Board of Registration for Professional Engineers and Surveyors is requesting disclosure of information that is necessary to accomplish our statutory purpose as required by Chapter 4733 of the Ohio Revised Code and the Ohio Administrative Code. Failure to provide required information may result in your application approval being delayed or in your application being returned.

**PRIVACY NOTICE** Most documents and records maintained by the state of Ohio are public records under Ohio law. This means that information submitted to us from you may be subject to disclosure if there is an official public records request. **EXCEPTIONS:** Your U.S. social security number and any college transcripts submitted to the Board are **NOT** public records and cannot be released through a public records request.

<< Your initials indicate that you have read the Disclosure Statement, Privacy Notice.

## 7. Affirmation Signature, Date Signed

By my signature and date signed below, I affirm that statements made and information provided in this application for an examination approval from the Board are complete and true to the best of my knowledge and belief.

SIGNATURE

DATE SIGNED

Deliver your completed **Reexam Approval Application** to:



**REEXAM APPROVAL APPLICATION**  
STATE BOARD OF REGISTRATION FOR  
PROFESSIONAL ENGINEERS AND SURVEYORS  
50 W BROAD ST STE 1820  
COLUMBUS OH 43215-5905

## Questions?

EMAIL [pes.board@pes.ohio.gov](mailto:pes.board@pes.ohio.gov)  
(614) 728-3059 FAX  
(877) 644-6364 U.S. TOLL FREE  
(614) 466-3651 COLUMBUS METRO