

PE exam approval application

Registration qualifications

This PE exam approval application is **ONLY** for candidates who are applying to take an NCEES Principles and Practice of Engineering examination for the first time in Ohio. Registration qualifications can be found in Ohio R.C. section 4733.11 through section 4733.13 and Ohio A.C. section 4733-9. Your initials are required in several locations, and a notarized affidavit is required on Page 4. **An incomplete application cannot be reviewed and will be returned.**

<< Your initials indicate that you have read the registration qualifications.

\$75.00 nonrefundable application fee

An application and fee is required for each exam cycle. A \$75.00 nonrefundable application fee, using check or money order; and made payable in U.S. funds to **Treasurer, State of Ohio**; is required by Ohio R.C. section 4733.12, section 4733.13 and Ohio A.C. section 4733-19.

<< Your initials indicate that you understand the nonrefundable application fee is required by Ohio law and that the Board only accepts check or money order. **Applications with cash will be returned.**

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

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

CITY

U.S. STATE, ZIP+4

CANADA PROVINCE, POSTAL CODE

EMAIL ADDRESS

TELEPHONE

Required photo

Your **REQUIRED** photograph must be securely attached within this 2" by 2" space.

Passport, or passport-style, photo is requested.

Required, by Ohio A.C. section 4733-17, is a permanent print of your recognizable face not less than ¾" wide.

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

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

COUNTY >> **REQUIRED if Ohio address**

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

Higher education OHIO A.C. SECTION 4733-17

IMPORTANT! Non-ABET degrees must be evaluated before applying for an exam approval. Go to www.peps.ohio.gov for Board policy and degree evaluation information. Credit claimed must be supported by an official transcript from the institution. Applications filed without original transcripts cannot be reviewed until transcripts are received. Applications filed with non-ABET degrees cannot be reviewed without receiving an NCEES degree evaluation.

INSTITUTION College or university	FROM MM/YY	TO MM/YY	GRADUATED MM/YY	DEGREE EARNED Engineering degree ONLY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Engineering exam, licensure information VERIFICATION REQUIRED FOR NON-OHIO EXAM, LICENSE

FE exam

STATE EXAM DATE >> MM/DD/YYYY E.I. CERTIFICATE NUMBER [1]

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current P.E. licensure LIST NO MORE THAN 3

STATE P.E. CERTIFICATE NUMBER EXP. DATE >> MM/DD/YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>
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PE exam

STATE EXAM DATE >> MM/DD/YYYY P.E. CERTIFICATE NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PE EXAM DISCIPLINE

<input type="text"/>

Surveying exam, licensure information VERIFICATION REQUIRED FOR NON-OHIO EXAM, LICENSE

FS exam

STATE EXAM DATE >> MM/DD/YYYY S.I. CERTIFICATE NUMBER [1]

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current P.S. licensure LIST NO MORE THAN 3

STATE P.S. CERTIFICATE NUMBER EXP. DATE >> MM/DD/YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>
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PS exam

STATE EXAM DATE >> MM/DD/YYYY P.S. CERTIFICATE NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

[1] **NOTE:** E.I. and S.I., formerly E.I.T. and S.I.T., are Ohio's abbreviations for Engineer Intern and Surveyor Intern. Some states, including Ohio, do not issue engineer intern or surveyor intern numbers.

References OHIO R.C. SECTION 4733.12

List 5 persons, at least 3 of whom are registered engineers, from whom the Board may request information in regard to your character, experience and professional ability. Do not name your relatives or members of this Board.

1	NAME	BUSINESS RELATIONSHIP	P.E./P.S. REGISTRATION Number	State
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ADDRESS	OCCUPATION		
	<input type="text"/>	<input type="text"/>		
2	NAME	BUSINESS RELATIONSHIP	P.E./P.S. REGISTRATION Number	State
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ADDRESS	OCCUPATION		
	<input type="text"/>	<input type="text"/>		
3	NAME	BUSINESS RELATIONSHIP	P.E./P.S. REGISTRATION Number	State
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ADDRESS	OCCUPATION		
	<input type="text"/>	<input type="text"/>		
4	NAME	BUSINESS RELATIONSHIP	P.E./P.S. REGISTRATION Number	State
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ADDRESS	OCCUPATION		
	<input type="text"/>	<input type="text"/>		
5	NAME	BUSINESS RELATIONSHIP	P.E./P.S. REGISTRATION Number	State
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ADDRESS	OCCUPATION		
	<input type="text"/>	<input type="text"/>		

Experience OHIO A.C. SECTION 4733-9

What is the nature and extent of your experience? **Do not list college education.** Make as many copies of this page as needed. If using plain sheets to furnish additional engineering experience, be sure to date and sign each additional sheet. Include title of your position, name and location of employer, character of each employment and degree of responsibility. Explain your engineering experience in sufficient detail to indicate degree of responsibilities and work performed. Have your supervisor complete and sign the supervisor information. If the supervisor is unavailable or unwilling to provide the information, attach a letter to this application with an explanation.

FROM MM/YY TO MM/YY

TIME
Years Months

PERCENTAGE (%) OF TIME
Engineering Surveying

EXPERIENCE DETAIL
Position, employer, location, work responsibilities

SUPERVISOR INFORMATION
Supervisor must complete

NAME

P.E./P.S. REGISTRATION
Number State

EMAIL >> Optional

TELEPHONE

SIGNATURE

DATE

FROM MM/YY TO MM/YY

TIME
Years Months

PERCENTAGE (%) OF TIME
Engineering Surveying

EXPERIENCE DETAIL
Position, employer, location, work responsibilities

SUPERVISOR INFORMATION
Supervisor must complete

NAME

P.E./P.S. REGISTRATION
Number State

EMAIL >> Optional

TELEPHONE

SIGNATURE

DATE

FROM MM/YY TO MM/YY

TIME
Years Months

PERCENTAGE (%) OF TIME
Engineering Surveying

EXPERIENCE DETAIL
Position, employer, location, work responsibilities

SUPERVISOR INFORMATION
Supervisor must complete

NAME

P.E./P.S. REGISTRATION
Number State

EMAIL >> Optional

TELEPHONE

SIGNATURE

DATE

Disciplinary actions OHIO R.C. SECTION 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.

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 Revised Code and 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.

Notarized affidavit OHIO R.C. SECTION 4733.09

STATE OF

AFFIANT

I, _____,
being the duly sworn, or affirmed, applicant say that my statements in this application are true to the best of my knowledge and belief.

AFFIANT SIGNATURE

DATE SIGNED

NOTARY

Subscribed and sworn, or affirmed, to me this
_____ day of _____, _____.

Witness my hand and seal hereon.

NOTARY SIGNATURE

MY COMMISSION EXPIRES



[THIS SPACE LEFT BLANK]

Deliver completed **PE exam approval application** with fee to:



PE EXAM 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

FAX
(614) 728-3059

U.S. TOLL FREE
(877) 644-6364

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
[]

VERIFICATION REQUESTED FROM
[]

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

2. TO BE COMPLETED BY VERIFYING 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:

		HOURS	RESULTS	NCEES		EXAM DATE >> MM/DD/YYYY
				YES	NO	
<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
[]



VERIFICATIONS
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
U.S. TOLL FREE
(877) 644-6364