

# Licensure, examination verification request

# 2013-OH

## TO BE COMPLETED BY APPLICANT

NAME  
 \_\_\_\_\_

U.S. SSN  
 Last 4 ONLY

\_\_\_\_\_

BIRTH DATE >> MM/DD/YYYY

\_\_\_\_\_

REQUESTED BY:

REQUESTED FROM >> U.S. BOARD

\_\_\_\_\_

**STATE OF OHIO  
 ENGINEERS AND SURVEYORS BOARD**  
 50 W BROAD ST STE 1820  
 COLUMBUS OH 43215-5905

APPLICANT ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUESTING VERIFICATION FOR:

E.I.  S.I.  P.E.  P.S.

## TO BE COMPLETED BY 'REQUESTED FROM' 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:

		HOURS	RESULTS	NCEES		EXAM DATE >> MM/DD/YYYY
				YES	NO	
<input type="checkbox"/> <b>Written examination</b>	FE	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	FS	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	PE	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	PE exam discipline	_____				
	PS	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> <b>Oral examination</b> .....		_____	PE hours	_____	PS hours	
<input type="checkbox"/> <b>Other</b> .....	_____					

## Has disciplinary action been taken against applicant?

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

## Verified by:

PRINTED NAME, TITLE

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

