

P.E. comity application

2011-PE

Registration qualifications

This P.E. comity application is **ONLY** for professional engineer comity applicants who are currently registered as professional engineers in another U.S. state or jurisdiction. Your initials are required in several locations and the application must be notarized on page 4. All 4 pages of this application must be completed in order for your application to be reviewed by the Board. An incomplete application cannot be reviewed and may be returned.

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

\$415.00 nonrefundable application fee

A \$415.00 nonrefundable application fee, made payable in U.S. funds to **Treasurer, State of Ohio**, is required. **FYI:** Ohio's annual P.E. license renewal fee is \$20.00.

<< Your initials indicate that you understand the application fee is required by Ohio law and is nonrefundable.

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 3/4" wide.

Contact, personal information READ DISCLOSURE STATEMENT, PRIVACY NOTICE ON PAGE 4

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 traditional U.S. order — first, middle, last. Initials may be used.

YOUR FULL NAME IN TRADITIONAL 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+4 CANADA PROVINCE, POSTAL CODE

COUNTRY >> **ONLY** if not U.S. or Canada

EMAIL ADDRESS

TELEPHONE

Higher education OHIO A.C. **section 4733-17**

IMPORTANT! Non-ABET degrees **must** be evaluated before applying for Ohio P.E. comity. Go to <http://ohiopeps.org/exams/degreeevaluation.html> 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 a degree evaluation.

INSTITUTION College or university	FROM MM/YY	TO MM/YY	GRADUATED MM/YY	DEGREE EARNED Engineering degree ONLY
<input style="width: 95%; height: 25px; border: none;" type="text"/>	<input style="width: 40px; height: 25px; border: none;" type="text"/>	<input style="width: 40px; height: 25px; border: none;" type="text"/>	<input style="width: 40px; height: 25px; border: none;" type="text"/>	<input style="width: 95%; height: 25px; border: none;" type="text"/>
<input style="width: 95%; height: 25px; border: none;" type="text"/>	<input style="width: 40px; height: 25px; border: none;" type="text"/>	<input style="width: 40px; height: 25px; border: none;" type="text"/>	<input style="width: 40px; height: 25px; border: none;" type="text"/>	<input style="width: 95%; height: 25px; border: none;" type="text"/>
<input style="width: 95%; height: 25px; border: none;" type="text"/>	<input style="width: 40px; height: 25px; border: none;" type="text"/>	<input style="width: 40px; height: 25px; border: none;" type="text"/>	<input style="width: 40px; height: 25px; border: none;" type="text"/>	<input style="width: 95%; height: 25px; border: none;" type="text"/>

P.E. comity application

2011-PE

Engineering exam, licensure information PES 2013-OH required for each non-Ohio exam, license

FE exam

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

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

Current P.E. licensure NO MORE THAN 3

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

PE exam

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

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

PE EXAM DISCIPLINE

*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 E.I. or S.I. numbers.

Surveying exam, licensure information PES 2013-OH required for each non-Ohio exam, license

FS exam

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

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

Current P.S. licensure NO MORE THAN 3

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

PS exam

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

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

References OHIO R.C. [section 4733.12](#)

List 5 persons, at least 3 of whom are registered engineers or surveyors, 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 OCCUPATION

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

ADDRESS

2 NAME BUSINESS RELATIONSHIP OCCUPATION

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

ADDRESS

3 NAME BUSINESS RELATIONSHIP OCCUPATION

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

ADDRESS

4 NAME BUSINESS RELATIONSHIP OCCUPATION

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

ADDRESS

5 NAME BUSINESS RELATIONSHIP OCCUPATION

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

ADDRESS

P.E. comity application

2011-PE

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 explaining the details.

FROM MM/YY TO MM/YY

TIME
Years Months

PERCENTAGE (%) OF TIME
Surveying Engineering

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
Surveying Engineering

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
Surveying Engineering

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

OHIO'S STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND SURVEYORS
P.E. comity application **2011-PE**

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

Ohio's State Board of Registration for Professional Engineers and Surveyors is requesting disclosure of information that is necessary to accomplish our statutory purpose required by [Ohio Revised Code Chapter 4733](#). Failure to provide required information may result in your application approval being delayed or your application being returned.

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



Send your P.E. comity application and fee to:



PE COMITY
ENGINEERS AND SURVEYORS BOARD
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

OHIO'S STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND SURVEYORS
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="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> S.I. Surveyor Intern	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> P.E. Professional Engineer...	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> P.S. Professional Surveyor...	<input type="text"/>	<input type="text"/>	<input type="text"/>

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="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	FS	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	PE	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
PE exam discipline	<input type="text"/>					
<input type="checkbox"/> PS	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/> Oral examination	<input type="text"/>	PE hours	<input type="text"/>	PS hours		
<input type="checkbox"/> Other	<input type="text"/>					

Has disciplinary action been taken against applicant?

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

Verified by:

PRINTED NAME, TITLE

SIGNATURE

DATE

