

REQUEST FOR VERIFICATION OF LICENSURE

APPLICANTS: INCLUDE POSTAGE PAID, ADDRESSED ENVELOPE WHEN FORWARDING TO ANOTHER STATE BOARD FOR RETURN TO ABOVE ADDRESS

BOARD OF PRIOR LICENSURE	PERSONAL DATA (Completed by licensee)
	(NAME OF APPLICANT)
	(STREET ADDRESS)
	(CITY) (STATE) (ZIP)
	Social Security No. XXX-XX-

STATE VERIFICATION INFORMATION (Completed by State Board Providing Verification)			
THE ABOVE NAMED PERSON LICENSED:	LICENSE NUMBER	DATE ISSUED	VALID UNTIL
<input type="checkbox"/> PROFESSIONAL ENGINEER	_____	_____	_____
<input type="checkbox"/> ENGINEER-IN-TRAINING (passed FE)	_____	_____	_____

BASIS OF LICENSURE				
1. <input type="checkbox"/> WRITTEN EXAMINATION:	HOURS (PASS/FAIL/GRADE)	RESULTS	NCEES EXAM	EXAM DATE (MO-DAY-YR)
FE (EIT)	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
P&P (PE)	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
STATE SPECIFIC/OTHER	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
<input type="checkbox"/> EXAMINATION OPTION (DISCIPLINE) _____				
2. <input type="checkbox"/> ORAL EXAMINATION PE _____ Hours FE _____ Hours				
3. <input type="checkbox"/> BY COMITY: FE (EIT) ACCEPTED FROM: _____ (State)				
P&P (PE) ACCEPTED FROM: _____ (State)				
4. <input type="checkbox"/> OTHER _____				

EDUCATION AND EXPERIENCE: Were your state's requirements equal to or more demanding at the time this person was licensed than Maryland which, from June 1, 1967 to present, have been:	
<u>EDUCATION</u> None Non-accredited 4 yr engineering degree EAC/ABET accredited degree	<u>EXPERIENCE</u> 12 years, of which 5 were in responsible charge 8 years 4 years
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF Applicant was licensed prior to June, 1967, list requirements in effect at the time on the reverse side of form, or attach, and check <input type="checkbox"/>	

DISCIPLINARY QUESTIONS

- | | |
|--|--|
| 1. Has any disciplinary action ever been taken against the applicant? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. If so, has this disciplinary case been satisfied to the Board's requirements? | <input type="checkbox"/> YES <input type="checkbox"/> NO If not, please note on back |

BY: _____ Date: _____

TITLE: _____ BOARD SEAL

Send the completed form via one of the following options:
Email: DLOPLPROFESSIONALENGINEERS-LABOR@MARYLAND.GOV for
Exam & Reciprocity or Mail: Board for Professional Engineers, **100 S. Charles Street,**
Tower 1, Baltimore, MD 21201