

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Occupational and Professional Licensing Administration**

**DC EN LIC02**



**Board of Professional Engineers  
NEW LICENSE APPLICATION**

Please read instructions before completing this form. If you have any questions, call Pearson VUE's toll-free Customer Service line at **1-877-374-1156** Monday through Friday, 8AM to 5PM EST. **A charge of \$65.00 will be imposed for dishonored checks (public Law 89-208).**

**SECTION 1. REQUESTED LICENSE TYPE/FEEs (includes non-refundable application fee – see instructions)**

Method (Origin) of Application:  
(Check only one)

(See page 3-4 of Instructions for License Type, Specialties and Fee Listing to complete below).

**Code**      **Description**  
(E)       Examination  
(R)       Re-examination

Requested License Type:

**EI**      **ENGINEER INTERN**      \$\_\_\_\_.00  
Description

**LSI**      **LAND SURVEYOR INTERN**      \$\_\_\_\_.00  
Description

Duplicate Licenses \_\_\_\_\_ X \$30.00 = \$\_\_\_\_.00

Make check or money order payable to  
**Pearson VUE** and mail to:

PEARSON VUE  
Department DC – EN  
Metro-Plex I, Suite 250  
8401 Corporate Drive  
Landover, MD 20785

PEARSON VUE ONLY		
Check \$	Ck #	Clerk
\$_____ .00		

**Total Enclosed \$\_\_\_\_\_00**

**Are you requesting Special Accommodations?**  
*If yes, see Section 9.*  
**YES**  **NO**

**SECTION 2. APPLICANT OR COMPANY NAME/DEMOGRAPHIC INFORMATION**

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete the "Previous Names" section of this application. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

FIRST NAME _____		MI _____	LAST NAME _____		SUFFIX (Jr, Sr, etc.) _____
SOCIAL SECURITY NUMBER*/FEIN _____			DATE OF BIRTH M M    D D    Y Y Y Y ____ - ____ - _____		
PLACE OF BIRTH Provide City and State for US birthplace or Country for foreign place of birth.			<input type="checkbox"/> Male <input type="checkbox"/> Female <b>GENDER</b> Please check the correct box.		

\* Due to an amendment to the D.C. laws (DC Law 13-269 – "Child Support and Welfare Reform Compliance Amendment Act of 2000," effective March 31, 2001), the Department of Consumer and Regulatory Affairs is now required to collect and maintain Social Security Numbers in licensee files.

**NOTICE OF NON-DISCRIMINATION**

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Code §2-1401.01 et seq. ("the Act"), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business or Victim of an Intra-Family Offense (domestic violence). Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

**NOTICE OF MAKING FALSE STATEMENTS**

Any person convicted of making false statements shall be fined not more than \$1,000 imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

**NOTICE OF FRAUD, CORRUPTION AND WASTE**

If you are aware of corruption, fraud, waste, abuse, or mismanagement involving any D.C. government agency, official or program, contact the Office of the Inspector General (OIG) at the OIG Hotline, (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous. By law, government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties, or criminal prosecution in appropriate cases.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Occupational and Professional Licensing Administration**

**NEW LICENSE APPLICATION**

**SECTION 3. PREVIOUS NAMES**

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by:  Marriage  Divorce  Court Order

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
Changed to current name by:  Marriage  Divorce  Court Order (Jr, Sr, etc.)

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
Changed to current name by:  Marriage  Divorce  Court Order (Jr, Sr, etc.)

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
Changed to current name by:  Marriage  Divorce  Court Order (Jr, Sr, etc.)

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
(Jr, Sr, etc.)

**SECTION 4A. HOME ADDRESS**

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

APARTMENT  SUITE  FLOOR  PO BOX NUMBER \_\_\_\_\_

\_\_\_\_\_  
HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE ZIP CODE + 4 EMAIL ADDRESS

\_\_\_\_\_  
HOME PHONE NUMBER HOME FAX NUMBER

**SECTION 4B. BUSINESS ADDRESS**

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

\_\_\_\_\_  
COMPANY NAME

APARTMENT  SUITE  FLOOR  PO BOX NUMBER \_\_\_\_\_

\_\_\_\_\_  
BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE ZIP CODE + 4 EMAIL ADDRESS

\_\_\_\_\_  
BUSINESS PHONE NUMBER BUSINESS FAX NUMBER

**SECTION 4C. PREFERRED MAILING ADDRESS**

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license is determined by your license type.

HOME  BUSINESS



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Occupational and Professional Licensing Administration**

**NEW LICENSE APPLICATION**

**SECTION 6. QUESTIONS – Applicant MUST answer all of the following questions.**

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "No" to question A or "Yes" to any of questions B through J below, you must provide full information and complete details on a separate sheet of paper and attach with this application form.

**PEARSON  
VUE  
ONLY**

A. I certify that I am in compliance with the "Clean Hands Before Receiving a License or Permit Act of 1996" (DC Law 11-118, DC Code §47-2861 et seq.) and I do not owe any outstanding debt over \$100 to the District government as a result of any fine, fee, penalty, interest, or past due taxes as stipulated in that law.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B. Do you owe any outstanding debt to the District government as a result of any past due child support payments as stipulated in the "Child Support and Welfare Reform Compliance Amendment Act of 2000" (DC Law 13-269, DC Code §46-225.01)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever been convicted of a crime (other than minor traffic violations) not previously reported to the Board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever been licensed in DC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E. Have you ever been licensed in any other state/jurisdiction? (If "Yes," be sure to complete the "Professional Licenses in Other States/Jurisdictions" section of this form.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G. Has any authority taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
H. Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
J. Have you withdrawn an application to practice your profession in DC or any other state/jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

**SECTION 7. APPLICANT AFFIDAVIT**

*I, being duly sworn, depose and say that the information given in this application, including all writings and exhibits attached hereto, is true and complete.*

_____	_____	_____	<b>PEARSON VUE ONLY</b>
APPLICANT SIGNATURE	NAME (Please Print)	DATE	
<input type="checkbox"/>			

*Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by the affiant, who personally appeared before me.*  
(Month) (Year)

_____	_____	_____	<b>PEARSON VUE ONLY</b>
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	(SEAL)	
<input type="checkbox"/>			

**SECTION 8. SPONSOR'S AFFIDAVIT**

_____	_____	_____	<b>PEARSON VUE ONLY</b>
SPONSOR'S SIGNATURE	NAME (Please Print)	DATE	
<input type="checkbox"/>			
SPONSOR'S LICENSE PREFIX AND NUMBER _____			

**PEARSON VUE ONLY**

Board approval date (mm/dd/yyyy): \_\_\_\_\_

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
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**NEW LICENSE APPLICATION**

<b>SECTION 9. SUPPORTING DOCUMENTS REQUIRED</b>			<b>PEARSON VUE ONLY</b>
Please indicate the supporting documents you have included with this package or requested to be sent to Pearson VUE on behalf of your professional licensing Board. Keep a photocopy of all supporting documents for your records.			
A. All applicants: Two recent passport-type photos of the applicant's face (approx. 2" X 2") with applicant's name printed on the back. Home snapshots or computer photographs are not acceptable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B. Copy of current government-issued photo ID, such as a driver's license.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C. All applicants: If name has changed since attending College. Copies of legal documents supporting all name changes.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D. All applicants are required to have three Character References letters from licensed PE or LS with the knowledge of your EI or LSI experience, whom have known you for more than one year and are not relatives. Letters from currently licensed PE and LS must have their seal embossed on the letter. The completed character reference forms may be mailed directly to Pearson VUE on behalf of the board or may be submitted by the applicant in a sealed envelope.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E. All applicants must request to have their official transcript(s) submitted in sealed envelopes from an accredited institution, college or university to be sent to Pearson VUE on behalf of the Board.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F. All EI applicants only: Must have successfully completed an educational program in Engineering of at least four years at an accredited institution, college or university. If a foreign graduate, please submit an evaluation of your transcript.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G. All LSI applicants only: Must have successfully completed an educational program in Land Surveying of at least four years at an accredited institution, college or university.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
H. Did you include on e additional photo with your Examination Scheduling Form?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I. <b>SPECIAL ACCOMODATIONS:</b> When requesting Special Accommodations for Examinations, you must submit your request in writing along with your application and provide supporting documentation from your doctor.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
J. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
K. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
L. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
M. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
N. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
O. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
P. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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PEARSON VUE ONLY - EXAM RESULTS

EXAM #1	EXAM #2
Exam Name/ID: <input type="text"/>	Exam Name/ID: <input type="text"/>
Exam Date: (mm/dd/yyyy) <input type="text"/>	Exam Date: (mm/dd/yyyy) <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Exam Part/ID: <input type="text"/>	Exam Part/ID: <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
EXAM #3	EXAM #4
Exam Name/ID: <input type="text"/>	Exam Name/ID: <input type="text"/>
Exam Date: (mm/dd/yyyy) <input type="text"/>	Exam Date: (mm/dd/yyyy) <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Exam Part/ID: <input type="text"/>	Exam Part/ID: <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
EXAM #5	EXAM #6
Exam Name/ID: <input type="text"/>	Exam Name/ID: <input type="text"/>
Exam Date: (mm/dd/yyyy) <input type="text"/>	Exam Date: (mm/dd/yyyy) <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Exam Part/ID: <input type="text"/>	Exam Part/ID: <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>

# NOTICE

This application for licensure in the District of Columbia is provided to you in a ***new interactive format***. This application form **can** be filled out online, but the form **cannot** be submitted electronically. You must print out the completed form and submit with all other required documentation listed in the application instructions section of the new license package.

Please note the following instructions for completing your application form:

- Fill out your application information online.
- Print and notarize your completed application form.
- Mail the application, along with all required supporting documents and applicable fees, to Pearson VUE at the address listed on the application.

Should you encounter any problems with completing the application form online, we welcome your questions and feedback. We encourage our customers to contact us by **email**, or by dialing the toll-free number listed on the application.

**[Proceed to the application.](#)**