



**Government of the District of Columbia
Professional Engineer/Land Surveyor License Application
Verification of Licensure or Examination**

Applicant Name _____

Social Security Number _____

Address _____

Date of Birth _____

A. The above named person was certified or licensed as:

	Certificate Number	Date Issued	Valid Until
<input type="checkbox"/> 1. Engineer Intern	_____	_____	_____
<input type="checkbox"/> 2. Professional Engineer	_____	_____	_____
<input type="checkbox"/> 3. Structural Engineer	_____	_____	_____
<input type="checkbox"/> 4. Surveyor Intern	_____	_____	_____
<input type="checkbox"/> 5. Professional Land Surveyor	_____	_____	_____
<input type="checkbox"/> 6. Other	_____	_____	_____

B. Basis of Licensure:

	Exam	Hours	Results (pass/fail/grade)	NCEES Exam (yes/no)	Exam Date (mm/dd/yyyy)
<input type="checkbox"/> 1. Written Examination PE Only – Discipline _____	FE	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	PE	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	STR	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	FLS	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	PLS	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
State Specific/Other		_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> 2. Oral Examination		_____	HRS. PE	_____	HRS. PLS
<input type="checkbox"/> 3. FE/FLS Accepted From:	_____				
PE/PLS Accepted From:	_____				
<input type="checkbox"/> 4. Other	_____				

C. Questions:

- Has any disciplinary action ever been taken against the applicant? Yes No
- If yes, has the disciplinary case been satisfied to the Board's requirement? Yes No
- Was NCEES cut-score used? ___ Yes ___ No If No, please explain: _____

If a fee is required, please notify the applicant, but do not delay the processing of this form.

On behalf of the State of _____ Board of Professional Engineers and Land Surveyors, I certify that the above statements are correct.

Signature of Authorized Official

Date

Name and Title of Authorized Official (please print or type)

SEAL

Please complete and return this form to:
Pearson VUE, Dept. DC-EN, Metro-Plex I, Suite 250, 8401 Corporate Drive, Landover, MD 20785