PROFESSIONAL ENGINEER/LAND SURVEYOR
EXAMINATION SCHEDULING FORM
FOR THE DISTRICT OF COLUMBIA

1. _____ Social Security Number
_____ Date of Birth
_____ Telephone Number (Day)

_____ Last Name
_____ First Name
_____ Middle Name

_____ Mailing Address
_____ Maiden Name

_____ City
State
Zip Code
_____ Discipline (PE Candidates Only)

_____ E-mail Address

2. When did you file your original licensure application Accommodations with the District of Columbia Board?

_____ Month and Year

☐ Disabled: I will need special arrangements (Explain on a separate sheet of paper)

3. Indicate the date you are taking the exam:

___ APRIL _____ Year
___ OCTOBER _____ Year

4. Is this your first writing in D.C. of the exam for which you are applying?

☐ Yes (New Candidate)
☐ No (Re-examinee)

5. SITE: ___ DC Area

6. Place passport-style photo in space provided be below:

(The photo should be no larger than 2" by 2" and no smaller than 1.5" by 1.5".)

7. Check the appropriate boxes below for 1) the examination you will taking and 2) whether it will be your first exam or a re-exam.

A. ☐ PE – P & Practice of Engineering ☐ **Exam** ☐ **Re-Exam**

B. ☐ LS – P &P of Land Surveying ☐ **Exam** ☐ **Re-Exam**

8. Sign and date below:

Date: _____ Signature: _____

Please complete and return this form to the following address:

Pearson
Dept. DC-EN
Metro-Plex I, Suite 250
8401 Corporate Drive
Landover, MD 20785