Action _____

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(Date of Action)

Action _____

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(Date of Action)

Action _____

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_____ , _____
(Date of Action)

License No. _____

_____
(Section of Law)

_____ , _____
(Effective Date)

COMMONWEALTH OF KENTUCKY

STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS

Kentucky Engineering Center
160 Democrat Drive
Frankfort, Kentucky 40601
(502) 573-2680
1/800/573-2680

APPLICATION FOR LICENSURE TO PRACTICE PROFESSIONAL ENGINEERING

I hereby apply for examination and/or licensure in the State of Kentucky under the section checked below and on the basis of the lawfully required information shown herein.

☐ Fundamentals of Engineering Examination — answer questions 1-15 and sign page 4.
Indicate test site choice _____ .

☐ Principles & Practice of Engineering Examination — complete entire application.
Indicate field in which you wish to be examined _____ .
Indicate test site choice _____ .

☐ Reinstatement — if NCEES Record Holder, check here ☐, request NCEES to forward your record to this Board, complete questions 1-7, 10-14 and sign page 4, and complete the separate affidavit. If not an NCEES Record holder, complete entire application and the separate affidavit. Enclose $500 check or money order payable to "Kentucky State Treasurer" as a nonrefundable application fee.

I. PERSONAL DATA

1. Full name (or as you wish it to appear on certificate of registration)

_____
(First) (Middle) (Last)

2. Business address ( ) _____
(Firm Name)

_____
(Street and Number)

_____
(City) (State) (Zip)

3. E-mail address _____

4. Residence address ( ) _____
(Street and Number)

_____
(City) (State) (Zip)

*Place * in parenthesis at address you wish Board to use.*

5. Application Date _____ Social Security No. _____

6. Phone No. Home _____ Work _____
Fax No. _____ Fax No. _____

7. Date of Birth _____

8. Name of State or Country | Field or Branch | Basis* | Licensure Date | Cert. No. | Expiration Date

_____

_____

_____

_____

*Indicate examination basis as: W-Written, O-Oral, EE-Education and Experience, R-Reciprocity, GF-Grandfather. Where written exams are involved, indicate where and when each exam was taken.

9. Have you passed the Fundamentals of Engineering exam in any state? ☐ Yes ☐ No If yes, what state _____

Certificate Number _____ Date _____

10. (a) Have you ever been refused a license? _____

(b) If applying for examination, have you ever failed this examination in any jurisdiction? _____

(c) Have you ever had disciplinary proceedings against you in any jurisdiction? _____

If YES to any of the above, please explain _____

_____

_____

11. Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, explain _____

_____

12. Have you been adjudged mentally incompetent by a court of competent jurisdiction? ☐ Yes ☐ No If yes, explain _____

_____

13. Have you been discharged from a military service other than by an honorable discharge? ☐ Yes ☐ No If yes, explain _____

_____

14. Are you in default on any student loan or other financial assistance program in KRS Chapters 164 and 164A administered by the Kentucky Higher Education Assistance Authority? ☐ Yes ☐ No If yes, explain _____

_____

FE APPLICANTS ONLY (Your degree should be an EAC/ABET accredited engineering degree.)

15. ☐ First FE exam ☐ Taking FE exam _____ time in Kentucky

(a) SENIOR YEAR STUDENT in EAC/ABET accredited **engineering** curriculum:

Name of School: _____

Date I expect to Graduate: _____ Degree: _____

Expected graduation date verified by: _____
Signature of Department Head

(b) ☐ GRADUATE of an EAC/ABET accredited engineering curriculum. Have school mail transcript direct to Board.

Degree: _____ Date Granted _____ Name of College _____

II. EDUCATION AND EXPERIENCE

	Name and Address of Institution	Years Attended		Date of Graduation	Course Completed or Degree Conferred †
		From	To		
High School or Preparatory Education					
College or University					

† *Applicants for original license should have transcript mailed directly to Board by College or University. Transcripts are not required for reciprocity applicants unless specifically requested. Transcripts issued to applicant will not be accepted.*

IMPORTANT: DO NOT FILL IN EXPERIENCE SECTION UNTIL YOU HAVE READ THE INSTRUCTIONS. FAILURE TO FOLLOW THESE INSTRUCTIONS WILL DELAY ACTION ON YOUR APPLICATION. Please feel free to make copies of this sheet if you need additional space.

Experience Record

Dates Mo. - Year From - To	TITLE OF POSITION, NAME OF EMPLOYER AND CHARACTER OF EACH ENGAGEMENT. Make statements concise and explicit, include magnitude and complexity of work on which engaged, your duties and degree of responsibility. LIST ENGAGEMENTS IN CHRONOLOGICAL ORDER, EARLIEST ENGAGEMENT AS NO. 1. DOUBLE SPACE BETWEEN ENGAGEMENT. ALL TIME SINCE HIGH SCHOOL OR AGE 18 (whichever is later) MUST BE ACCOUNTED FOR, INCLUDING MILITARY, ILLNESS, UNEMPLOYMENT, ETC.	TIME Years to decimals in tenths						Name, Title and address of person most familiar with each engagement, preferably supervisor (NOT DECEASED). INDICATE IF P.E.
		(1) Non-Engineering Employment	(2) Academic Engagement	(3) Engineering Experience prior to College Graduation	(4) Engineering Experience Subsequent to College Graduation prior to P.E.		(5) Professional Engineering experience subsequent to P.E.	
					As Subordinate	*In Responsible charge		
								Page Total
								Cumulative Page Totals

**Beginning at that point in time when those for whom or with whom you worked considered that you could be entrusted to carry out assignments without close day-to-day supervision.*

_____ Date

III. REFERENCES

REFERENCES SHALL NOT ALL COME FROM THE SAME SOURCE

List below at least five (5) persons, three (3) of whom shall be licensed professional engineers, not relatives or members of this Board, to whom the Board may apply for information in regard to your character and professional ability.

Name	Address (with zip)	Occupation	Business Relation to Applicant

I hereby certify that I have familiarized myself with Kentucky Revised Statutes Chapter 322 and with 201 Kentucky Administrative Regulations Chapter 18, including the Code of Professional Practice and Conduct and do hereby subscribe to the provisions therein. I do solemnly swear or affirm that I understand the instructions and terms in this application form, and that this application is true, correct, and complete to the best of my knowledge.

_____

Signature of applicant and Date