# COMMONWEALTH OF KENTUCKY

Action
(Date of Action) ,
(Date of Action) ,
(Date of Action)
License No.
(Section of Law) (Effective Date)



## APPLICATION FOR REINSTATEMENT TO THE PRACTICE OF PROFESSIONAL ENGINEERING IN KENTUCKY

Kentucky State Board of Licensure for Professional Engineers and Land Surveyors 160 Democrat Drive Frankfort, Kentucky 40601 502/573/2680 800/573/2680



REINSTATEMENT — Enclose \$500.00 check or money order payable to "Kentucky State Treasurer" as a non-refundable application fee.

Instructions: Answer all questions in this application truthfully and completely.

## I. PERSONAL DATA:

1. Full Name (as it originally appeared on your certificate of licensure)

(First)	(Middle) (Last)				
2. Application Date:	3. NCEES ID number:				
4. Last four of your Social Security No	5. Date of Birth:				
Place * in parenthesis at address you wish the Boar	rd to use for official Board mailings.				
6. Business Address ( )	7. Residence Address ( )				
8. Telephone (daytime):	9. Fax Number:				
10. Cellphone:					
12. Have you passed the Fundamentals of Engineer	ering exam in any state? [ ] Yes [ ] No If yes, what state				
Certificate Number	Date				
Reinstatement Application, Ed. 4/01/2024					

13.	13. Do you hold a valid license to practice Professional Engineering in any State or Territory?						
	Yes	No	If yes, what State	PE No./Expiration D	ate		
14.	Do you hold	l a valid lic	ense to practice Professional Engine	ering in any State or Territory?			
	Yes	No	If yes, what State	PE No./Expiration D	ate		
15.	(a) Have you	u ever beer	refused or denied a license?				
	•			ing jurisdiction or voluntarily surrender e, explain:	-		
	*The term 'disciplinary action' means any final written decision or settlement taken against an individual or firm by a licensing board base violation of the board's laws or rules. Disciplinary actions include reprimands, administrative fines, the board's refusal to issue, restore, or license, Settlement Agreements or Consent Orders, probation, suspension, revocation, or any combination of these.						
16.	Have you ev	ver been co	nvicted of a felony? Yes N	o If yes, explain:			
17.	Have you be	een adjudg	ed mentally incompetent by a court of	of competent jurisdiction? Yes	No If yes, explain:		
18.	Have you ev	ver been di	scharged from military service other	than by Honorable Discharge? Y	es No If yes, explain:		

## **II. EDUCATION HISTORY:**

	Name and Address of Institution	Years A	ttended	Date of	Course Completed or	
		From	То	Graduation	Degree Conferred	
High School or Preparatory Education		-				
College or University		-				

## Make copies of this page if you need additional space. III. **EXPERIENCE**:

0		Time - Years, in decimal tenths.						
Dates, Month - Year, From - To	Title of Position, Name of Employer, Description of Experience. List all work experience chronologically, with no gaps, from the time you originally became licensed until the date of this application.	(1) Non-Engineering Experience		<ol> <li>Engineering experience prior to college graduation</li> </ol>	Engin exper after c gradu	4) leering rience college lation	(5) Professional Engineering experience after PE	Name, Title, and address of person most familiar with each engagement, preferably a supervisor (Not deceased). Indicate
Dates, Mo		(1) Non-Engin	(2) Academic	(3) Engineerin to college grac	As subordinate	*In Responsible Charge	(5) Profession: experience aft	if PE.
*Beginnii	ng at the point in time when those for whom or with whom you worked considered that I be entrusted to carry out assignments without close day-to-day supervision.							Page Total
you could	i oc en asite to can y out assignments without close day-to-day supervision.							Cumulative Page Totals

#### IV. **REFERENCES**:

Name	Address (with Zip code)	Telephone Number

Note: The total of endorsers and personal references must be at least five, three of which must be Licensed Professional Engineers.

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