

Kentucky State Board of Licensure  
For Professional Engineers and Land Surveyors

**Application For  
Licensure as a Professional Engineer (PE)  
(International Applicants without NCEES  
Record)**

**I. ELIGIBILITY REQUIREMENTS:**

To be eligible for licensure as a PE, you must have:

- Passed the Fundamentals of Engineering examination (FE Examination);
- Graduated from an engineering program of four or more years accredited by the Engineering Accreditation Commission of the Accreditation Board for Engineering and Technology (EAC/ABET) (Note: engineering technology degrees are not acceptable);
- Completed four or more years of progressive engineering experience. The experience must be gained after graduation from the EAC ABET accredited engineering program and completed by the application date. A master's degree in engineering will qualify as one of the four required years of experience, but an applicant cannot receive more than one year of credit for the same calendar year. Please review [201 KAR 18:072](#) Section 1 for further information regarding experience.  
Note: Canadian degrees accredited by the Canadian Engineering Accreditation Board are acceptable. All other international degrees must be evaluated by NCEES Credentials Evaluations at [www.ncees.org](http://www.ncees.org) prior to making application to take the examination. The NCEES evaluation of any international degree must be received by the board in order to process this application;
- Passed the Principles & Practice of Engineering examination (PE Examination); and
- Met all other statutory requirements for licensure including those relating to character, fitness, and financial and criminal history.

**II. GENERAL INSTRUCTIONS:**

Answer all questions in this combined application truthfully and completely.

If you do not have a U.S. social security number, please use your NCEES ID#. If you do not have an NCEES ID#, please email [kyle.elliott@ky.gov](mailto:kyle.elliott@ky.gov) to obtain a substitute number.

**Experience Section:**

In your response to the request for information in the section of this application relating to Experience, please provide sufficient detail to enable the board to review your total employment following graduation, and to evaluate the nature, extent, and level of quality of any engineering experience. Inadequate descriptions of engineering work may result in denial of experience credit. The board will contact the individuals you list in this section, for verification of your employment information.

**Personal References Section:**

In your response to the request for references in the Personal References section of this application, do not list the same individuals you identified in the Experience section of this application.

**Fees:**

Include with the application, a check for the application fee in the amount of Three Hundred Dollars (\$300.00), made payable to: Kentucky State Board of Licensure. You may also call the board office at 502.573.2680 or 800.573.2680 to pay by credit card.

**III. APPLICANT INFORMATION:**

***I am applying for:***

Licensure as a Professional Engineer.

Application Date: \_\_\_\_\_

**Personal Information**

SSN: \_\_\_\_\_

Prefix: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Birth date: \_\_\_\_\_

**Address & Contact Information**

***Home Address:***

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

***Work Address:***

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
  
Cell Phone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email\*: \_\_\_\_\_

\* \_\_\_\_\_@naver.com email addresses are not compatible with our email system. Please use an alternate email address.

**Default Mailing Address** (choose one): Home\_\_\_\_or Work \_\_\_\_

Note: The Default Mailing Address is the address of the applicant to which all official correspondence from the board will be sent. It is the continuing responsibility of the Applicant or Licensee to give written notice to the board by mail, fax, or email, of any change in the Default Mailing Address of the Applicant or Licensee.

**Questions**

**1.** *Have you passed the Fundamentals of Engineering Examination (FE Examination) in any state? Yes \_\_\_\_\_(Required)*

*State: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Date: \_\_\_\_\_*

*Have you ever been refused a license as a Professional Engineer?*

*Yes \_\_\_ No \_\_\_*

*If "Yes" please explain:*

---

---

---

---

---

---

---

---

**2.** *Are you currently charged with the commission of a felony, or have you ever been convicted of a felony?*

*Yes \_\_\_ No \_\_\_*

*If "Yes" please explain:*

---

---

---

---

---

---

---

---

**3.** *Have you ever been adjudged mentally incompetent by a court?*

Yes\_\_\_\_ No\_\_\_\_

If "Yes" please explain:

---

---

---

---

---

---

---

---

---

---

**4.** *Have you ever been discharged from a military service other than by an honorable discharge?*

Yes\_\_\_\_ No\_\_\_\_

If "Yes" please explain:

---

---

---

---

**5.** *Are you in default, or has any financial or educational institution notified you that you are in default, on any student loan or other educational financial assistance?*

Yes\_\_\_\_ No \_\_\_\_

If "Yes" please explain:

---

---

---

---

---

---

---

---

---

---

---

**6.** *Have you ever had any proceedings filed against you for a violation of the laws or regulations relating to any licensed profession or vocation in any jurisdiction?*

Yes \_\_\_ No \_\_\_

If "Yes" please explain:

---

---

---

---

---

---

---

---

---

---

---

---

**7.** *Have you ever **failed** the Principles & Practice of Engineering Examination in any state?*

Yes \_\_\_ No \_\_\_

If "Yes" please explain:

---

---

---

---

---

---



---



---



---

**Educational Information** (use additional sheets if necessary):

**College/University:**

<i>Name and Address of Institution</i>	<i>Years Attended</i>		<i>Date of Graduation</i>	<i>Course Completed or Degree Conferred</i>
	<i>Year From:</i>	<i>Year To:</i>		

\*\*\*Official transcripts must be sent by the College/University directly to the Board unless previously submitted.

**Experience** (Copy this page if additional space is required):-

Account for all time since graduation including engineering experience, military service, academic, non-engineering employment, unemployment, illness, etc.

Provide accurate name, title, mailing address, email address, phone #, fax # of supervisor or the person most familiar with your engineering work. We will be sending employment verifications to these people.

<b>Employer</b> Name, Address, Phone Number.	<b>Supervisor</b> Name, Address, Phone Numbers, Email, License information.	<b>Description of Experience</b> Provide detailed descriptions of engineering work experience, including your duties and degree of responsibility. Failure to provide sufficient detail may result in denial of your application.	<b>Engineering Experience Claimed</b> <b>Yrs/Mnths</b>
<b>Total Engineering Experience Claimed:</b>			



**Personal References:**

- List at least 5 people with personal knowledge of the applicant's engineering experience, individual character, and professional integrity, whom the Board may contact for information concerning the applicant.
- At least three (3) of the individuals must be Professional Engineers.
- No relatives or members of this Board.
- Not all from the same source.
- Do not use anyone listed previously on the Experience Section.

Name	Address, phone number and email address	Occupation	Business Relationship to Applicant

## **Principles & Practice of Engineering Examination Information**

Date of PE Examination: \_\_\_\_\_

Indicate discipline/field in which you were examined: \_\_\_\_\_

Location PE Examination Taken: \_\_\_\_\_

**Affidavit and Signature**

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 + Date*

Send this completed application to:

**KY Board of Licensure for Engineers and Land Surveyors  
160 Democrat Drive  
Frankfort, KY 40601**