

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 REINSTATEMENT TO THE PRACTICE OF PROFESSIONAL ENGINEERING IN KENTUCKY

Form with fields for Action, License No., and Effective Date.

APPLICATION INSTRUCTIONS:

If you are a NCEES Record Holder then request NCEES to forward your record to this Board, complete questions 1-7, 10-14, and sign page 4.
If you are not a NCEES Record Holder, then complete the entire application.
Complete all additional steps as outlined on our website.

I. PERSONAL DATA

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

Form line for full name with (First), (Middle), and (Last) labels.

2. Business address ( )

Form line for business address with (Firm Name) label.

Form line for business address with (Street and Number) label.

Form line for business address with (City), (State), and (Zip) labels.

3. E-mail address

4. Residence address ( )

Form line for residence address with (Street and Number) label.

Form line for residence address with (City), (State), and (Zip) labels.

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.



### 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*