General Instructions:

- Answer all questions.
- Enter your name as you wish it to appear on your certificate.
- Contact NCEES to transmit your NCEES Record to us.
- Mail the application to: Kentucky Board of Licensure for Professional Engineers & Land Surveyors, 160 Democrat Drive, Frankfort, KY 40601.
- Include check made payable to the Kentucky State Treasurer for \$300.

Application Date:

Application Type: PE_____ PLS_____

Personal Information

Last 4 digits of SSN:	
Prefix:	
First Name:	
Middle Name:	
Last Name:	
Suffix:	
Date of Birth:	

Address & Contact Information

Home Address:

Address 1:	
Address 2:	
City:	
State:	
Home Phone:	

Work Address	:		
Company Name:			
Address 1:			
Address 2:			
City:			
State:			
Zip code:			
Work Phone:			
Cell Phone:			
Fax Number:			
Default Mailing	Address (choose one): Home	Work	
Licensure Info	rmation		
	ormation from the jurisdiction of your the jurisdiction of your the second second second second second second s		If that license
Jurisdiction of C	urrent License:		
PE Exam Discipl	ine(s):		

Questions

Have you ever been convicted of a felony? Yes? ____ OR No? ____

If "Yes" please explain:

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Have you ever been adjudged mentally incompetent by a court of competent jurisdiction?
Yes? OR No?
If "Yes" please explain:
Have you ever been discharged from a military service other than by an honorable
discharge? Yes? OR No?
If "Yes" please explain:
Have you ever had disciplinary proceedings against you in any jurisdiction? Yes? OR
No?
If "Yes" please explain:

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 and Date