STATE OF CALIFORNIA, BOARD FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS

VERIFICATION OF REGISTRATION

TO BE COMPLETED BY APPLICANT:

NAME AND ADDRESS OF BOARD COMPLETING THIS FORM

+ +

+ +

Name of Applicant

Street of Address

City, State, Zip

Social Security Number Date

LICENSE OR CERTIFICATE #: _____ **DISCIPLINE:** _____

TO BE COMPLETED BY AFFILIATED STATE BOARD:

LIST ALL REGISTRATIONS, INCLUDING DISCIPLINE AND OPTION

THE ABOVE NAMED PERSON HAS A CERTIFICATE OR WAS REGISTERED AS:

	Discipline	Certification Number	Identification Number	Date Issued	Valid Until
❒ Fundamentals of Engineering					
❒ Professional Engineer					
❒ Structural Engineer					
❒ Land Surveyor-in-Training					
❒ Professional Land Surveyor					

BASIS OF REGISTRATION:

1. ❒ **Written Examination**	Hours	NCEES? Yes	NCEES? No	State Specific	Exam Date	Option (Discipline)
*Fundamentals of Engineering		❒	❒			
Principles and Practice of Engineering		❒	❒			
Structural		❒	❒			
*Fundamentals of Land Surveying		❒	❒			
Principles and Practice of Land Surveying		❒	❒			

*Fundamental Examination Accepted from _____

2. ❒ **Oral Examination** _____ Hrs. PE _____ Hrs. LS

3. ❒ **Comity With**: ① _____ ② _____

4. ❒ **Other**: Please give full details on other side of this sheet.

BOARD SEAL

Any Disciplinary Action Taken? ❒ No ❒ Yes (Please explain on reverse)

By: _____ Title: _____ Date: _____

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