



SECTION III: EDUCATION

- Enter the name and location of the college or university attended, date of graduation, and type of degree received. Do not anticipate dates of graduation.
- A copy of your official transcripts or other documents issued directly by the granting institution of higher education, or its authorized agent, verifying your graduation from an EAC/ABET-accredited engineering program is required to be sent directly to the Board. Electronic transcripts may be sent to the above email.
- If you have enrolled as an Engineer Intern within the last ten years, you do not need to have your transcripts resent unless you intend to use a graduate degree towards the experience requirement for licensure.
- Applicants with non-EAC/ABET-accredited degrees must have their education evaluated by NCEES Credentials Evaluations to determine if it meets the NCEES Education Standard. Please visit <http://ncees.org/credentials-evaluations> for more information. Their evaluation must be transmitted directly to the Board from NCEES.

Name of Institution, Location (City, State, Country)	Date Graduated		Degree Received (BS, MS, etc.)	Major
	Mo.	Yr.		

SECTION IV: REFERENCES

- List the names and contact information of three people unrelated to you who can attest to your good reputation and ethical character. All references must complete the "Character Reference" form and submit it directly to the Board.
- If you are applying for enrollment as an Engineer Intern and approval to sit for the PE exam at the same time, only the PE Exam application references need to be submitted.

1. _____
Name

Phone

Email

2. _____
Name

Phone

Email

3. _____
Name

Phone

Email



SECTION V: AFFIDAVIT

1. Do you have qualifying educational debt?* YES NO

** Graduates from an EAC/ABET-accredited engineering program in Nebraska with qualifying educational debt may be eligible for a \$50 reimbursement. Qualifying educational debt is government or commercial loans obtained by a student for post-secondary education tuition, other educational expenses, and reasonable living expenses, as determined by the Board. Applicants must have passed the FE exam on their first attempt no later than nine months after graduation. Official verification of graduation must be received by the Board within one year of graduation.*

2. For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

- I am a citizen of the United States, **OR**
- I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are _____, and I have enclosed a copy of my USCIS documentation.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.

Signature of Applicant

Date



CHARACTER REFERENCE

- Section I is to be completed by the applicant.
- Section II is to be completed by the reference. If additional space is needed, please use the back of this form or a separate sheet of paper.
- All references must return this Engineer Reference form directly to the Board by email, fax, or mail at the address listed above. If the Engineer Reference is emailed or faxed to the Board, an original hard copy is not required.
- Engineer Reference forms received from applicants will not be accepted.

SECTION I: TO BE COMPLETED BY APPLICANT

1. _____
Applicant Name (First, MI, Last)
2. _____
Date
3. _____
Phone Number
4. _____
Email
5. Application for: Engineer Intern Enrollment Architect License
6. Name of Reference: _____
7. Relationship to Reference: _____

SECTION II: TO BE COMPLETED BY REFERENCE

1. Is the information in Section I correct as stated? YES NO
If NO, please explain: _____
2. How long have you known the applicant? _____
3. Explain how the applicant is of good reputation and demonstrates good ethical character: _____

Reference Name (Please Print) _____
Title or Position

Firm Name & Address (if applicable)

State of Licensure (if applicable) _____
License No. (if applicable) _____
Year Licensed (if applicable)

Reference Signature _____
Date



CHARACTER REFERENCE

- Section I is to be completed by the applicant.
- Section II is to be completed by the reference. If additional space is needed, please use the back of this form or a separate sheet of paper.
- All references must return this Engineer Reference form directly to the Board by email, fax, or mail at the address listed above. If the Engineer Reference is emailed or faxed to the Board, an original hard copy is not required.
- Engineer Reference forms received from applicants will not be accepted.

SECTION I: TO BE COMPLETED BY APPLICANT

1. _____
Applicant Name (First, MI, Last)
2. _____
Date
3. _____
Phone Number
4. _____
Email
5. Application for: Engineer Intern Enrollment Architect License
6. Name of Reference: _____
7. Relationship to Reference: _____

SECTION II: TO BE COMPLETED BY REFERENCE

1. Is the information in Section I correct as stated? YES NO
If NO, please explain: _____
2. How long have you known the applicant? _____
3. Explain how the applicant is of good reputation and demonstrates good ethical character: _____

Reference Name (Please Print) _____
Title or Position

Firm Name & Address (if applicable)

State of Licensure (if applicable) _____
License No. (if applicable) _____
Year Licensed (if applicable)

Reference Signature _____
Date



CHARACTER REFERENCE

- Section I is to be completed by the applicant.
- Section II is to be completed by the reference. If additional space is needed, please use the back of this form or a separate sheet of paper.
- All references must return this Engineer Reference form directly to the Board by email, fax, or mail at the address listed above. If the Engineer Reference is emailed or faxed to the Board, an original hard copy is not required.
- Engineer Reference forms received from applicants will not be accepted.

SECTION I: TO BE COMPLETED BY APPLICANT

1. _____
Applicant Name (First, MI, Last)
2. _____
Date
3. _____
Phone Number
4. _____
Email
5. Application for: Engineer Intern Enrollment Architect License
6. Name of Reference: _____
7. Relationship to Reference: _____

SECTION II: TO BE COMPLETED BY REFERENCE

1. Is the information in Section I correct as stated? YES NO
If NO, please explain: _____
2. How long have you known the applicant? _____
3. Explain how the applicant is of good reputation and demonstrates good ethical character: _____

Reference Name (Please Print) _____
Title or Position

Firm Name & Address (if applicable)

State of Licensure (if applicable) _____
License No. (if applicable) _____
Year Licensed (if applicable)

Reference Signature _____
Date



VERIFICATION OF LICENSURE OR EXAMINATION OF AN ENGINEER

- Section I is to be completed by the applicant if the FE Exam was taken outside the state of Nebraska.
- Forward this form to the appropriate state board who will complete Section II and return directly to the Nebraska Board.
- Some jurisdictions charge a verification fee and processing times may vary. You will need to contact the verifying jurisdiction to confirm whether a fee is required and instructions for submitting a request.

SECTION I: APPLICANT INFORMATION

NAME	LAST 4 DIGITS OF SSN
ADDRESS (STREET, CITY, STATE, ZIP)	

SECTION II: VERIFICATION OF LICENSURE OR EXAMINATION

FROM (STATE BOARD NAME)	DATE
ADDRESS	FILE NO.

1. THE PERSON IDENTIFIED IN SECTION I IS OR WAS REGISTERED AS:	Certificate or License Number	Date Issued	Valid Until
<input type="checkbox"/> ENGINEER INTERN (EI)			
<input type="checkbox"/> PROFESSIONAL ENGINEER (PE)			

2. BASIS OF REGISTRATION				
A. <input type="checkbox"/> WRITTEN EXAMINATION	Hours	Results	NCEES Exam? (Yes / No)	Exam Date
F.E.				
P.E.				
B. <input type="checkbox"/> ENGINEER INTERN ACCEPTED FROM:				
C. <input type="checkbox"/> PROFESSIONAL ENGINEER ACCEPTED FROM:				
D. <input type="checkbox"/> OTHER:				

3. P.E. EXAMINATION OPTION (REQUIRED FOR NEBRASKA LICENSURE)
A. EXAM DISCIPLINE:

4. DENIAL, INVESTIGATIONS, AND/OR COMPLAINTS:		
A. Has the above-named individual ever been denied registration in your state? (if YES, please give details in REMARKS below or on reverse)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Has a complaint been filed or has formal disciplinary action ever been taken against the above-named individual? (If YES, please give details in REMARKS below or on reverse)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5. REMARKS:

6. VERIFIED BY:		BOARD SEAL
BY		
TITLE	DATE	