



VERIFICATION OF LICENSURE AND EXAMINATION OF AN ENGINEER

Applicants should complete only Section I of this form. Forward this form to the appropriate state registration board to be completed and returned to the Nebraska Board. This form can be completed online at <http://www.ea.ne.gov/PDFs/engverification.pdf>

FROM (STATE BOARD NAME)		DATE		
ADDRESS		FILE NO.		
SECTION I: APPLICANT INFORMATION				
NAME		LAST 4 DIGITS OF SSN		
ADDRESS (STREET, CITY, STATE, ZIP)				
SECTION II: VERIFICATION OF LICENSURE OR EXAMINATION				
1. THE ABOVE-NAMED PERSON 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 on reverse side.)			<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 or on reverse)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. REMARKS:				
6. VERIFIED BY:				
BY		BOARD SEAL		
TITLE	DATE			