





### 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, its authorized agent, or listed on your NCEES account, 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 not already listed towards the experience requirement for licensure.
- Applicants who do not hold a degree from an 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. The 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

### 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 within a twelve month period, references will not need to be resubmitted.

1. \_\_\_\_\_  
Name

\_\_\_\_\_

Phone

\_\_\_\_\_

Email

2. \_\_\_\_\_  
Name

\_\_\_\_\_

Phone

\_\_\_\_\_

Email

3. \_\_\_\_\_  
Name

\_\_\_\_\_

Phone

\_\_\_\_\_

Email



## SECTION V: AFFIDAVIT

1. 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*



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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*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*



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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*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:				

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

<b>4. DENIAL, INVESTIGATIONS, AND/OR COMPLAINTS:</b>		
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

<b>5. REMARKS:</b>

<b>6. VERIFIED BY:</b>		BOARD SEAL
BY		
TITLE	DATE	