



VERIFICATION OF LICENSURE OR EXAMINATION OF A PROFESSIONAL ENGINEER

- Section I is to be completed by the applicant.
- Section II is to be completed by the verifying jurisdiction.
- Some jurisdictions may require a verification fee for this service 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. ENGINEER INTERN ACCEPTED FROM:

C. PROFESSIONAL ENGINEER ACCEPTED FROM:

D. 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:

BY	BOARD SEAL	
TITLE		DATE