



Secretary of State  
Office of Professional Regulation

ENGINEERS  
Request for Verification of Licensure or Examination

**APPLICANT:** Complete this section and forward it to the state in which you obtained your initial license/registration. If your license is not current in that state, you must provide verification from a state in which your license is current.

I hereby authorize the (State) \_\_\_\_\_ Board or Agency to furnish to the Vermont Board of Professional Engineering the information requested below.

Name appearing on license (Last, First, Middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (street, city, state & zip code) \_\_\_\_\_

License Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Last four of SSN \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**LICENSING BOARD OR AGENCY:** Applicant's Name \_\_\_\_\_

License # \_\_\_\_\_ Specialty (s) \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration \_\_\_\_\_

**I. The above-named person was licensed, certified or registered as:**

- Professional Engineer  Engineer Intern or Engineer-in-Training

**II. Basis of Registration/Licensure:**

Exam Option	Pass/Fail	NCEES Exam	Exam Date	Exam
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Written examination: Hours \_\_\_\_\_ Yes/No \_\_\_\_\_ Yes/No \_\_\_\_\_ (Discipline) \_\_\_\_\_

FE	_____	_____	_____	_____
PE	_____	_____	_____	_____

Oral Examination Hours \_\_\_\_\_ Discipline \_\_\_\_\_  Other: \_\_\_\_\_

- Engineer-In-Training or Engineer Intern Accepted from: \_\_\_\_\_
- Professional Engineer Accepted from: \_\_\_\_\_
- Endorsement/comity with: \_\_\_\_\_
- Education and Experience: If less than eight (8) years of experience following graduation from an Engineering Technology curriculum that is approved by the Accreditation Board For Engineering and Technology, Inc. (ABET), please check here \_\_\_\_\_ and give details on reverse.

**III. Question:** Has this license or registration ever been encumbered (revoked, suspended, limited, surrendered, restricted, placed on probation) in any way?  YES  NO If yes, attach a copy of the final disposition.

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

(Seal)