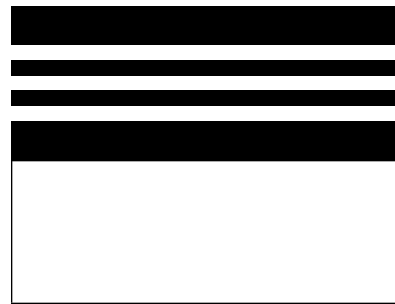




BOARD OF REGISTRATION
FOR PROFESSIONAL ENGINEERS
& LAND SURVEYORS

Professional Engineer Registration Application



Apply for a Professional Engineer license in Washington.
Fees are non-refundable.

Online: <https://professions.dol.wa.gov>

Or by mail with a check or money order payable to BRPELS:

Professional Engineers and Land Surveyors
PO Box 3777
Seattle WA 98124-3777



23201-APPLICATIONS

For questions or help email engineers@brpels.wa.gov or call: (360) 664-1575

Application type *(check one)*

- by General Application (exam or initial license)—\$65
- by Comity (if you have a current license in another state)—\$110

Licenses are available for self-printing with an online account.
If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

- \$0 self-print license online.
- \$5 each. DOL print and mail license. Quantity _____ Total \$ _____

Applicant

TYPE or PRINT Name as you would like it to appear on your license		
Full legal name <i>(First, Middle, Last)</i>		
Social Security number* (or ITIN, Green Card, Canadian SIN)	Date of birth	
Military? <i>(check if applicable)</i> Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner		
Mailing address		
City	State	ZIP code
(Area code) Contact phone number	Email	
Branch of engineering		

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

Legal background

Answer the following
Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? Yes No
2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions) Yes No

Applicant name _____

Certification

Answer the following

1. Are you having a NCEES experience record sent? Yes No
 If yes, please provide NCEES record number: _____

2. Do you authorize any business associates (past and present) and any governmental agencies (local, state, or federal) to release to BRPELS any information, files, or records which may be required for a background investigation? Yes No

3. Do you understand that if you provide any false information in this application we may deny, suspend, or revoke your license to practice in Washington? Yes No

Education

Name and location of colleges, universities, technical schools attended	Dates of attendance From To	Curriculum	Degree/Date

Previous and current registration

Answer the following

Written FE exam in state of _____ NCEES exam? Yes No

Written PE exam in state of _____ NCEES exam? Yes No

- Go online to account.ncees.org and follow the instructions to request license/exam verification.
- If your state board is not listed on this site, contact them to request verification be sent to us.
- If you are requesting to waive the FE exam, please review [WAC 196-12-010](#) for requirements.

Experience record summary

List all of your employers beginning with the most recent. You must account for all time since leaving college (if applicable) or beginning your engineering career to now. You must also include periods while unemployed, or non-engineering work. Attach additional sheets if necessary.

- For full time employment of 32 or more hours/week indicate “FT”. For part time under 32 hours/week indicate “PT”.
- If the work is not to be verified, indicate “No.” Any experience not verified will not be counted toward the experience requirement.

	Time period (begin with most recent) From (month-year) To (month-year)	Employer	Full time or part time?	To be verified? (yes or no)
1				
2				
3				
4				
5				
6				
7				

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

_____ **TYPE or PRINT Name**
X

 Date and place Applicant signature

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the state of Washington.