

Engineer-In-Training Long Form Registration Application

BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS & LAND SURVEYORS

Use this form to apply for the Engineer-in-Training exam if you are applying with education and experience or experience only.

You will also need to:

- Complete the Engineer-in-Training Experience and Verification form
- Have official transcripts sent directly from your college or university (if you want education to be considered)

Apply online: https://professions.dol.wa.gov/s/

Or mail the completed form to:

Board of Registration for Professional Engineers and Land Surveyors PO Box 9025 Olympia, WA 98507

Once we approve you, we will email you information on how to schedule your exam.

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

Applicant

1.1.								
TYPE or PRINT Name as you would like it to appear	Maiden name (If any-и	vill not appear on certificate)						
Full legal name (First, Middle, Last)								
Social Security number* (or ITIN, Green Card, Canadian SIN)				Date of birth (mm/dd/yyyy)				
Mailing address								
City				State	ZIP code	County		
(Area code) Phone number			Email					
Military? (check if applicable) Current or former: Military member Legal background Has any court or licensing jurisdiction or land surveying?	taken ad	ction a	against	you for	•	in engineering	□ Yes □ No	
Name and location of colleges, universities, technical schools attended	Dates of a	ttendand To		rriculum			Degree/Date	

23202 - Applications

^{*}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).

pplicant name	:			
eaving college nemployed, or	(if application non-engin	ole) or begir neering work	beginning with the most recent. This list is to ning your engineering career to the present must also be included. If not verifying, indic e requirement.	time. Those periods while in school,
		pegin with most rec		To be verified
Verification number	From	То	Employer	(yes or no)
1				
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	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.

BRPELS 166-008 (R/12/23) Page 2 of 2