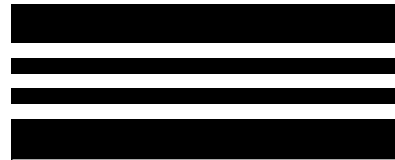




# Engineer-in-Training/ Land Surveyor-in-Training Certification Application



Use this form to apply for engineer-in-training or land surveyor-in-training certification in Washington. Certification is only available to:

- Engineer-in-training (EIT)—those applicants who designate Washington as their practice state when registering to take the FE exam and who also pass the FE exam.
- Land surveyor-in-training (LSIT)—those applicants who designate Washington as their practice state when registering to take the FLS exam and who also pass the FLS exam.
- 



Apply online: <https://brpels.wa.gov/engineers/renew-your-professional-license>

Or print, scan and email to: [engineers@brpels.wa.gov](mailto:engineers@brpels.wa.gov)

Or mail the completed form to:

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

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

## Applicant

TYPE or PRINT Name as you would like it to appear on your license			Certification applying for <input type="checkbox"/> EIT <input type="checkbox"/> LSIT	
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) Daytime phone number	NCEES identification number		Email	
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner				

\*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).

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

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
TYPE or PRINT Name  
**X**  
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.**