

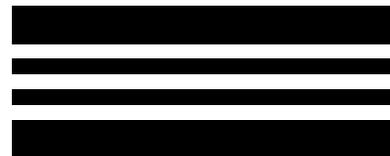
**Engineer-In-Training Long Form
Registration Application**

Questions: call (360) 664-1575

You can use this form if you are applying with a combination of education and experience or if you are applying by experience only.

To apply for the Engineer-in-Training (EIT) exam:

- Complete this form and send the signed application (page 1) and the Experience record summary (page 2) to: **Board of Registration for Professional Engineers and Land Surveyors, Department of Licensing, PO Box 9025, Olympia, WA 98507**
- Send the completed Experience and Verification section (pages 3-6) to the persons verifying your experience. The persons verifying your experience will send the completed form directly to our office.
- If you want any education considered towards the requirements, request an official transcript be sent to: **Board of Registration for Professional Engineers and Land Surveyors, Department of Licensing, PO Box 9025, Olympia, WA 98507**. Photocopies are not acceptable.
- Once you have been approved for the exam, you will receive an email with information to schedule your exam.



Applicant

PRINT or TYPE Name (Last, First, Middle – will appear in the proper order on your wall certificate)		Maiden name (If any – will not appear on certificate)		
Social Security number required*	Date of birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Mailing address				
City	State	ZIP code	County	
Present position	Business name			
Business location address				
City	State	ZIP code	County	
(Area code) Business telephone number	(Area code) Residence telephone number	Email		
<p>Answer the following</p> <p>1. Have you filed an application with this office within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date applied _____ and application type: <input type="checkbox"/> Engineer-in-Training <input type="checkbox"/> Land Surveyor-in-Training <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Professional Land Surveyor</p> <p>2. Has any court or licensing jurisdiction taken action against you for your practice in engineering or land surveying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach an explanation on additional sheet.</p> <p>3. Have you ever been convicted of or entered a plea of guilty or <i>nolo contendere</i> to a misdemeanor, gross misdemeanor, or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach an explanation on additional sheet.</p>				
Name and location of colleges, universities, technical schools attended	Dates of attendance		Curriculum	Degree/Date
	From	To		

*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it may result in denial of your application.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place

X
Applicant signature

Experience record summary

Applicant name _____

Please list all of your employers below beginning with the most recent. This list is to include the entire time from leaving college (if applicable) or beginning your engineering career to the present time. Those periods while in school, unemployed, or non-engineering work must also be included. If not verifying, indicate "No." Any experience not verified will not be counted towards the experience requirement.

Verification number	Time period (begin with most recent)		Employer	To be verified (yes or no)
	From	To		
1				
2				
3				
4				
5				
6				
7				
8				
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11				
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Engineer-In-Training Experience and Verification

Applicant experience/verification

- Experience is gained under the direct supervision of a professional engineer (PE).
- Applicants working in the manufacturing industry are exempt from gaining experience under the direct supervision of a professional engineer, but a PE must be employed by the firm. If this is the case, indicate the name and license number of the PE at the time of your employment. Your direct supervisor verifies your experience.

Name and license number of the PE: _____

- If employed by the federal government, you are not required to gain experience under a professional engineer. Your direct supervisor verifies your experience.

Instructions for applicant

Send this completed Experience and Verification section (pages 3-6) to the persons verifying your work experience. Additional sheets may be attached if needed, but please identify the categories (A-H) you are describing. You may make photocopies of this form for additional experience verification.

Work experience information – applicant complete this section

Applicant name		Verification number <i>(from page 2)</i>	
Employed by			
Job title	Dates of employment From To		Average hours per week
Supervisor name and title		(Area code) Telephone number	
Supervisor business address			
City		State	ZIP code

Work experience descriptions – applicant complete this section

This experience is broken down into eight categories (A-H) for each event. Describe experience (one line is not sufficient) detailing the work you personally performed. This work should be progressive in difficulty and magnitude; demonstrate sufficient breadth and scope, and reflect the acquired ability to design and apply engineering principles to demonstrate that your judgment may be trusted on projects involving public health and safety. Attach separate sheets if necessary.

Describe your experience

A. Preparation of technical reports and specifications, including graphics.

B. Application of mathematical techniques to problem solving.

Work experience descriptions – continued

Describe your experience

C. Application of the basic physical sciences (chemistry, dynamics, statics, physics, etc.) in tasks.

D. Performing assignments, experiments, and tests to general specifications.

E. Compilation and interpretation of data (statistical analysis, etc.).

F. Executing complex engineering tasks according to instructions.

G. Effective communication with associates and presenting recommendations and conclusions to supervisor.

H. Knowledge of impacts of the products of technology on society (energy/environmental considerations).

Applicant name _____ Verification number _____

Verification instructions

After completing your verification, return this Experience and Verification section (pages 3-6) to:

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

Work experience verification – supervisor/verifier complete this section. All sections must be completed.

Answer the following

If you are not the applicant's supervisor, please explain your working relationship to the applicant and how you are able to provide this verification:

If you are not a licensed professional engineer, under what authority are you verifying experience? (federal agency, exempt corporation, etc.) _____ Years of engineering experience you have _____

Please describe your level of supervision over this applicant.

State your opinion regarding the accuracy of the applicant's employment time, hours worked, and descriptions of experience (categories A-H), including the scope and complexity of the work described.

During this time of employment, how long has the applicant been in a position of making engineering judgments and decisions? _____ years/months. Give a brief description of a typical project for which the applicant made independent judgments and decisions, and the character of the duties required by the project.

Please explain why you think this individual is suited for licensure.

RCW 18.43.040 states that no person shall be eligible for registration as an engineer-in-training who is not of good character and reputation. Please comment on the applicant's character, personal and professional reputation:

Applicant name _____

Verification number _____

Work experience verification – continued

Were you registered as a professional engineer at the time you supervised the applicant? Yes No

PRINT or TYPE Verifier's name		Title	
Address			
City		State	ZIP code
(Area code) Telephone number	Email address		
License number	License state	Issue date	Expiration date

I certify that the statements and answers contained in this verification regarding the person named as applicant are true and correct to the best of my knowledge.

Date and place

X _____
Verifier's signature



Please affix your stamp or seal in the space provided.
If no seal or stamp is available, you may attach a copy of your current license.