



## Retired Certificate of Registration Application

|                  |       |                              |   |  |
|------------------|-------|------------------------------|---|--|
| Applicant's name |       |                              | License to be retired<br><input type="checkbox"/> PE <input type="checkbox"/> PLS |  |
| Mailing address  |       |                              | Certificate no.   |  |
| City             | State | Zip                          | Telephone no.<br>(     )  |  |
| Date of birth    |       | Effective date of retirement |   |  |

**Note:** All renewals are for two years. We cannot accept prorated renewals for shorter periods preceeding the date of retirement.

**Certification**

I certify that I have examined the rules for a Retired Certificate of Registration (*WAC196-12-065 or WAC 196-16-035*) and believe that I meet the conditions to qualify. I agree to abide by the terms and conditions and will not practice engineering or land surveying as defined in RCW 18.43.020 until such time that I have reinstated my Certificate of Registration (*license*) to active status.

Date and place \_\_\_\_\_ Signature **X** \_\_\_\_\_