

## Retired Certificate of Registration Application

Applicant name			License to be retired <input type="checkbox"/> PE <input type="checkbox"/> PLS
Mailing address			Certificate number
City	State	ZIP code	(Area code) Telephone number
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** \_\_\_\_\_