

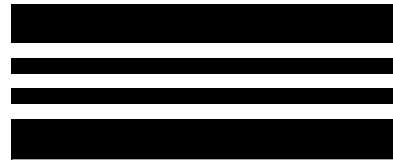


# Professional Engineer Registration Application

Apply for a Professional Engineer license in Washington.  
Fees are non-refundable.

Online: <https://professions.dol.wa.gov>

Or by mail with a check or money order payable to Department of Licensing:  
**Professional Engineers and Land Surveyors**  
**Department of Licensing**  
**PO Box 3777**  
**Seattle WA 98124-3777**



For questions or language help call: (360) 664-1575

### Application type *(check one)*

- by Exam—\$65
- by Comity (if you have a current license in another state)—\$110

Licenses are available for self-printing with an online account.  
If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

- \$0 self-print license online.
- \$5 each. DOL print and mail license. Quantity \_\_\_\_\_ Total \$ \_\_\_\_\_

### Applicant

<b>TYPE or PRINT</b> Name as you would like it to appear on your license		
Full legal name <i>(First, Middle, Last)</i>		
Social Security number* (or ITIN, Green Card, Canadian SIN)		Date of birth
Military? <i>(check if applicable)</i> Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner		
Mailing address		
City		State
ZIP code		
(Area code) Contact phone number	Email	
Branch of engineering		

\*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).

### Legal background

Answer the following  
Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? .....  Yes  No
2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) .....  Yes  No

Applicant name \_\_\_\_\_

**Certification**

Answer the following

1. Are you having a NCEES experience record sent? .....  Yes  No  
 If yes, please provide NCEES record number: \_\_\_\_\_

2. Do you authorize any business associates (past and present) and any governmental agencies (local, state, or federal) to release to the Department of Licensing any information, files, or records which may be required for a background investigation? .....  Yes  No

3. Do you understand that if you provide any false information in this application we may deny, suspend, or revoke your license to practice in Washington? .....  Yes  No

**Education**

Name and location of colleges, universities, technical schools attended	Dates of attendance From To	Curriculum	Degree/Date

**Previous and current registration**

Answer the following

Written FE exam in state of \_\_\_\_\_ NCEES exam?  Yes  No

Written PE exam in state of \_\_\_\_\_ NCEES exam?  Yes  No

- Go online to [account.ncees.org](http://account.ncees.org) and follow the instructions to request license/exam verification.
- If your state board is not listed on this site, contact them to request verification be sent to us.

**Experience record summary**

List all of your employers beginning with the most recent. You must account for all time since leaving college (if applicable) or beginning your engineering career to now. You must also include periods while unemployed, or non-engineering work. Attach additional sheets if necessary.

- For full time employment of 32 or more hours/week indicate "FT". For part time under 32 hours/week indicate "PT".
- If the work is not to be verified, indicate "No". Any experience not verified will not be counted toward the experience requirement.

	Time period (begin with most recent) From (month-year) To (month-year)	Employer	Full time or part time?	To be verified? (yes or no)
1				
2				
3				
4				
5				
6				
7				

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

\_\_\_\_\_  
 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.**