



APPLICATION FOR REGISTRATION TO PRACTICE ENGINEERING

State Form 46454 (R7 / 3-11)

Approved by State Board of Accounts, 2011

STATE BOARD OF REGISTRATION
FOR PROFESSIONAL ENGINEERS
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-3022
E-mail: pla10@pla.IN.gov

* Your Social Security number is being requested by this state agency in accordance with I.C. 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

FOR OFFICE USE ONLY	
APPLICATION FEE	
DATE FEE PAID (month, day, year)	
RECEIPT NUMBER	
LICENSE NUMBER	
DATE OF ISSUE (month, day, year)	

APPLICANT

Attach one (1) passport type
quality photograph of
yourself taken within the last
eight weeks.

DO NOT WRITE ABOVE THIS LINE - FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT AND ANSWER ALL QUESTIONS.

Please check one only: Engineering Intern Professional Engineer - Exam
 Professional Engineer Comity Professional Engineer Comity with a NCEES File

Note: Professional Engineers applying for comity with a NCEES file only need to fill out the "Applicant Information" section and all of Page 3.

APPLICANT INFORMATION		
Name of applicant (last, first, middle, maiden)		
Date of birth (month, day, year)	Place of birth (city and state or country)	Social Security number *
Address of applicant (number and street or rural route)		
City	State	ZIP code
Telephone number (daytime) ()	E-mail address	
Name of firm		
Address of firm (number and street)		
City	State	ZIP code
Business telephone number ()	Website address	

EDUCATIONAL BACKGROUND			
NAME OF SCHOOL	LOCATION OF SCHOOL	DATES OF ATTENDANCE	DEGREE EARNED

EXAMINATIONS

FE EXAM TAKEN ON: _____ PE EXAM TAKEN ON: _____

STRUCTURAL I DATE TAKEN: _____ STATE: _____

STRUCTURAL II DATE TAKEN: _____ STATE: _____

REFERENCES

NAME OF REFERENCES	REFERENCE PE LICENSE NUMBER	LIST ACQUAINTANCE, EMPLOYER, ASSOCIATE, ETC.

LIST ALL THE STATES IN WHICH YOU HAVE BEEN REGISTERED TO PRACTICE ANY REGULATED PROFESSION.

STATE	TYPE OF LICENSE, REGISTRATION, CERTIFICATION OR PERMIT	NUMBER	DATE ISSUED (month, day, year)	CURRENT STATUS

EXPERIENCE

Name of current employer		Job title	Date of employment (month, day, year)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Address (number and street, city, state, and ZIP code)		Name of supervisor	Number of hours worked per week:	
Duties				
Name of previous employer		Job title	Date of employment (month, day, year)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Address (number and street, city, state, and ZIP code)		Name of supervisor	Number of hours worked per week:	
Duties				

ATTACHED ADDITIONAL SHEET IF NECESSARY.

PERSONAL BACKGROUND

If your answer is "Yes" to questions 2 thru 5, explain fully in a signed and notarized statement, including all related details; include the violation, location, date and disposition. Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a permit issued pursuant to this application.

- 1. Have you previously applied for or taken the EI/PE examination in Indiana or any other state? Yes No
- 2. Has disciplinary action ever been taken regarding any license, certificate, registration or permit you hold or have held? Yes No
- 3. Have you ever been denied a license, certificate, registration or permit in any state (including Indiana)? Yes No
- 4. Are you now being, or have you ever been treated for drug or alcohol abuse? Yes No
- 5. Have you ever been convicted of, plead guilty or nolo contendere to any offense, misdemeanor or felony in any state? Yes No

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant	Date signed (<i>month, day, year</i>)
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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of their authorized representatives in connection with processing my application for registration to practice Engineering.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm, that I have read the above statements and agree to same.

Signature of applicant	Date signed (<i>month, day, year</i>)
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