

North Dakota State Board of Registration for Professional Engineers and Land Surveyors <u>Verification of Exam/Licensure</u>

Please complete the top section of this form, submit this form to the state Boards you completed your exams in. You may copy this form as many times as needed. Some Boards may require a fee for this service, you the applicant are responsible for any fees associated with this service.

To:						
	Professional Engineers and Land Surveyors P.O. Box 1357 Bismarck, ND 58504			Name of Applicant		
				Address		
From:						
				City	State	Zip
				Last 4 of SSN.:		
The abo	ove person was licensed as:	(To be filled	out by verifyii	ng Board)		
	•	Lic	ense	Issue	Expiration	Discipline
		Nu	mber	Date	Date	2.000,
_	gineer Intern:				_	
	ofessional Engineer:				_	_
☐ Lar	nd Surveying Intern:					_
☐ Pro	ofessional Land Surveying:				_	_
Basis o	f licensure:					
□ Ву	Examination:	Hours	Grade	NCEES (Yes/No)	Date of Exam	Discipline
☐ FE	Examination:					
☐ PE	Examination:					
\square FS	Examination:					
\square PS	Examination:					
□ Ву	endorsement with:			-		
	sciplinary action been taken , please attach all details rela	_		☐ Yes ☐ No on.		
Comp	leted By (Name):					
Title:						
Board Name:						(Board Seal)
Signat	ure:					
Date:						