

### **Professional Engineer License Experience Record**

Follow all instructions carefully when completing this portion of the application. Failure to follow these instructions may result in deferral of your application. This form is intended to be submitted with your initial application, form number **NDPELS-PERS-02**. Applications that require this form must contain this form in order to be processed. If the Board office receives only this form without form number **NDPELS-PERS-02** it will be discarded. Applications being submitted with a completed NCEES record do **NOT** require this form.

#### References

North Dakota Century Code requires all Professional Engineer applicants to submit a total of 5 references that can speak upon your character and professional reputation, at least 3 of those references must be licensed Professional Engineers that can also speak upon firsthand knowledge of some of your engineering experience. These references cannot be members of the Board or relatives. Please list the names of your references and if applicable their registration number.

Name:		
Registration Number:	State:	
Address:		
Telephone:		
Email Address:		
Name:		
Registration Number:	State:	
Address:		
Telephone:		
Email Address:		
Name:		
Registration Number:	State:	
Address:	-	
Telephone:		
Email Address:		
Name:		
Registration Number:	State:	
Address:		
Telephone:		
Email Address:		
Name:		
Registration Number:	State:	
Address:		
Telephone:		
Email Address:		<del></del>

## **Work Experience**

This is a 2-step process.

1.) Provide a list of all your employment post Baccalaureates degree. Gaps greater than 90 days will need to be accounted for. If you are currently employed with an employer enter "Present" in the "End Date" column.

### **Work Experience Table**

E M P L	Must be e	I <b>tes</b> entered in a ear format.	Name of Employer		nber of years and	<b>experience</b> ears and months in each respective eat is applicable to you.	
Y M E N	Start Date	End Date		Engineering	g Experience		gineering erience
T #				Years	Months	Years	Months
1							
2							
3							
4							
5							
6							
7			Total:				
lf v	you have mo	ore than 7 em	ployments, please add additional pages	. See form num	 ber <b>NDPELS-PER</b> S	<b>S-<i>04C</i></b> for addi	tional tables.

2.) On the provided sheets you will need to provide detailed descriptions of each of your listed employments. Be sure to include any projects and describe the magnitude and complexity of the work as well as your duties and degrees of responsibilities. Experience records without descriptions or inadequate descriptions will be returned to the applicant and can also be a reason for deferral of an application.

# **Experience Detail Sheet**

Use this sheet to provide your employment descriptions, if more space is needed, please attach additional sheets of paper. You will need to duplicate this page for each of your listed employment numbers.

Employment Number (fr	oyment Number (from work experience table):		
Name of Employer:			
Title:			
Dates of Employment:	From:	То:	
Description of Duties:			



#### **Reference Form**

**Applicant:** You must fill out your name and attach an abstract of your employment descriptions from your experience detail sheet for your references to verify. Simply putting dates of employment will **NOT** qualify. Please send this form to each of your listed references.

**Reference:** Fill out this form completely including all comment sections, initial all experience you can substantiate and have firsthand knowledge of and return the completed form to the **NDPELS**, **P.O Box 1357 Bismarck**, **ND 58502**.

RE: Professional Engineer Application of:	
	(Name of Applicant in Full)
Reference Information:	
Full Name:	
Mailing Address:	
Email:	Phone Number:
Are you currently a licensed Engineer?   Yes  No	
If yes, I am currently licensed in the state of:	My license number is:
How many years have you known the applicant?	
In accordance with NDAC 28-03.1-01-17 (4) would you rec Professional Engineer? (If needed please attach a separate	, ,
Comments:	
☐ By selecting this box, you are attesting that you have firs	thand knowledge of the applicant listed above, all these
questions have been answered based upon your personal k	•
the express purpose of acquainting the Board with facts, as	
practice the profession for which he/she has applied for lice	
Signature	Date

RE:	Professional Engineer Application of:	
		(Name of Applicant in Full)
	<u>ë</u>	
	larg	
	<u>s</u>	
	th th	
	e o i	
	tiat	
	tan	
	gns	
	an s	
	Please initial all statements you can substantiate on this margin.	
	S AC	
	ent	
	tem	
	stal	
	==	
	itia	
	e i	
	eas	
	<u>a</u> .	
Nan	ne of Reference:	
	cannot verify any of the listed experience.	
ш,		(Please initial)
		\. ·/