Professional Engineer

		3			
APPLICANT INFORMATION					
Full Legal Name:					
1 4	First	Middle	Last		
ΔΙ	l Previous I enal Names				
				_	
Ot	her DOPL Licenses Held:			_	
SS	N· D	ate of Rirth	Gender: Male Fema	<u>م</u> ا	
		ate of Birtin	Conder: Male 1 cma		
Ad	dress:				
	Street Address (including Apt/	Unit/Ste #) and/or PO Box			
	City	State	ZIP Code	_	
DI.		Finally			
Pno	one:	Email:		_	
Ple	ase Select ONE:				
	☐ I am a United States citize	n OR a non-citizen of the United Stat	tes who is lawfully present.		
		physically present in the United State			
	☐ None of the above, please	explain:			
	iver License				
or	State ID Card: State of Issue	License Number	Expiration Date	_	
			present a legible copy of your current and val	id	
gov	vernment issued document(s) sho	owing evidence of lawful presence in	the United States.		
		AFFIDAVIT AND RELEA	NSE		
1.	I certify that I am qualified in all	respects for the license for which I ar	m applying in this application.		
2.		owledge, the information contained i			
		ct, discloses all material facts regardi sary, prior to any action on my applic	ng the applicant, and that I will update or		
3.	• •		y others not specifically listed, which are set		
٥.	forth directly or by reference in t	his application, to release to the Divis	sion of Occupational and Professional		
			e reasonably required for the Division to		
4.		ons for licensure/certification/registrat	icensees to read, understand, and apply the		
4.	requirements contained in all sta		upation or profession for which I am applying,		
5.	I certify that I do not currently pobecause of any circumstance or		ents, or to the public health, safety or welfare		
6.		ole to update the Division of any char	nges relating to my		
	license/certification/registration.				

_ Date: ____

Signature of Applicant:

QUALIFYING QUESTIONNAIRE Do not leave any question blank. DOPL may request additional documentation if the information submitted is insufficient. Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise disciplined in any way? 2. Yes No Do you CURRENTLY have any criminal action active or pending? WITHIN THE PAST 10 YEARS, have you pled guilty to, no contest to, entered into a plea **3**. ☐ Yes ☐ No in abeyance, or been convicted of a misdemeanor in any jurisdiction? Have you EVER pled guilty to, no contest to, entered into a plea in abeyance, or been convicted of a **felonv** in any jurisdiction? If you answered "yes" to question 1 above, please provide a copy of the disciplinary action. If you answered "yes" to questions 2, 3, or 4, please provide a current criminal history report from each and every state where criminal history has occurred. NOTE: **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed. DISCLOSE motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations. You do not need to disclose juvenile offenses, unless you were tried as an adult. DISCLOSE if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction). You do not need to disclose legally expunded or sealed criminal history incidents. For more information, see DOPL's criminal history FAQs. PROFESSIONAL LICENSES

List all oth	ner licenses, registrations or certifications issued by profession. (Use additiona	any state which you now hold or have ever held in any sheets if necessary.)		
Profession	n:	License Number:		
Issuing S	State: License Status:	Issue Date:		
Profession	ı:	License Number:		
Issuing :	State: License Status:	Issue Date:		
	EDUCATION REQ	UIREMENTS		
Select one:	•			
	licensure by endorsement. See "Applicants by Endors	st one year in a jurisdiction deemed equivalent for sement" on the checklist at the end of this application. ense that qualifies for licensure by endorsement; accredited by EAC/ABET or CEAB;		

- completed an engineering education program in a foreign country; or
- been licensed as an engineer and practiced as a principal for 5 of the last 7 years in another state in lieu of having met the education requirements for licensure.

See "applicants without an NCEES Council Record" on the checklist at the end of this application.

Verification of Engineering Experience

Initial applicants who have not practiced as a principal for at least 5 of the last 7 years, must use this form to document experience.

If you are applying with an NCEES Council Record you do not need to complete this form.

APPLICANT INFORMATION				
To Be Completed by the Applicant:				
Full Legal Name:				
First	Middle	Last		
Mailing Address: Street/PO Box				
Street/PO Box	City	State/Zip		
License Number (if applicable) :	State of Issue:			
Dates of Employment: to MM/DD/YYYY MI	Firm Name:			
MM/DD/YYYY MI	M/DD/YYYY			
Approximate Number of Hours Worked Per W	eek:Total Hour	s Worked:		
I certify that during the dates and hours listed about 302 and R156-22-302e specific to the license for the li		experience as outlined in 58-22-		
Signature of Applicant:	Dat	Date:		
EMPL	OYER INFORMATION			
To Be Completed by the Supervising Engineer	or Other Qualified License:			
Please review the information above, complete the b5@utah.gov	e sections below, sign and seal the doo	cument and submit directly to		
Is the information provided above by the applicant	t correct? Yes No, please attac	h an explanation.		
Name of Supervisor:				
Title:	Date:			
Phone:	Email:			
License Number:				
State of Issue:	(Seal an	(Seal and Signature)		

Verification of Engineering Experience as a Principal

Use this form to verify licensed practice as a principal engineer for 5 of the last 7 years in another state <u>in lieu</u> of having met the education requirements for licensure. <u>If you are applying with an NCEES Council Record you do not need to complete this form.</u>

"Principal" means a licensed professional engineer having responsible charge of an organization's professional engineering practice.

APPLICANT INFORMATION					
To Be Completed b	y the Applicant:				
Full Legal Name:					
	First	Middle		Last	
Mailing Address:					
	Street/PO Box		City	State/Zip	
License Number (if applicable):			State of Issue:		
Dates of Employment as a Principal: MM/DD/YYYY		to	Firm Name	:	
	MM/DD/\	YYYY MM/DD	/YYYY		
Approximate Numb	oer of Hours Worked Per We	ek:	Total Hour	s Worked:	
I certify that during thas a principal.	ne dates and hours listed abov	e I practiced witl	nin the legal scope	of a licensed engineer and acted	
Signature of Applic	eant:		Date:		
	EMPL	OYER INFOR	MATION		
To Be Completed b	y the Supervising Engineer	or Other Qualifi	ed Licensee:		
Please review the in b5@utah.gov	formation above, complete the	e sections below,	sign and seal the	document and submit directly to	
Is the information pro	ovided above by the applicant	correct? Yes	。	ach an explanation.	
Name:					
Title:		Date:			
Phone:		Emai	:		
License Number:					
State of Issue:			(Seal	and Signature)	

APPLICATION CHECKLIST AND INSTRUCTION

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is subclassified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

All applicants are required to submit following items to complete the \$\$121.00 non-refundable application-processing fee, made paragraphic supporting documentation for any "yes" answers provided on	application: ayable to "DOPL".		
APPLICANTS WITH A CURRENT NO If you are applying with a current NCEES Council Record, in addition Request that NCEES submit your current Council Record to NCEES at 1-864-654-6824, 1-800-250-3196, or <a (if="" a="" all="" also="" an="" an<="" and="" another="" applicable)="" are="" as="" be="" below.="" censure="" complete="" degree="" degrees="" directly="" documented="" earing="" earned="" ectly="" employers="" engineer="" exam="" fe="" for="" form.="" from="" have="" href="https://www.ncees.</td><td>on to the items required for all applicants, you must: Utah. To obtain an NCEES Council Record, contact</td></tr><tr><td>APPLICANTS BY ENDO If you have been licensed for at least one year, and are in good stand addition to the items required for all applicants, you must submit offici.</td><td>ling in a <u>jurisdiction designated as equivalent</u> to Utah, <i>in</i></td></tr><tr><td>Please see <math>\underline{\text{our website}}</math> for additional information regarding approved jurisdictic circumstances.</td><td>ions, and if additional documentation is required for your state or</td></tr><tr><td>with the school's stamp/seal on the envelope flap. school's registrar office to b5@utah.gov. NCEES Credential Evaluation: If your engineering experience as a Principal contact NCEES Credentials Evaluations at www.ncyour evaluation directly to DOPL. Verification of Engineering Experience as a Principal licensed as an engineer and practiced as a principal everifying principal experience from submit verification verifying principal experience from submit verification of passing the NCEES FE and PE. If you passed state, you must request an official verification of your scores you tested in Utah, we will be able to access your scores directly one of the items below: Verification of licensure in another state verifying licensperience as a Principal. Verification of Experience form documenting one of a separate form. If your experience was obtained a verification of your licensure from that state. 4 years of supervised work experience if you have a years if you hold an EAC/ABET accredited medical experience in engine EAC/ABET accredited program.</td><td>ough one of the methods below: AC/ABET accredited program. Transcripts are om the school or when delivered in a sealed envelope Transcripts may also be sent via secure email from the education program was completed in a foreign country, sees.org or 1-800-464-7650. Please have NCEES send al. Licensed Practice as a Principal: If you have been all for 5 of the last 7 years in another state, submit the oal" if="" in="" license="" licensed="" listed="" must="" ncees="" ncees.="" of="" on="" or="" pathways="" pe="" sent="" state(s)="" state,="" submit="" td="" the="" time="" to="" undergraduate="" utah.="" verification="" was="" were="" you="" your="">			
APPLICANTS REINSTATING AN EXPIRED UTAH LICENSE If you were previously licensed in Utah, and your license has been expired for more than 2 years, in addition to the items required for all applicants, you must provide: All of the requirements for one of the pathways to licensure listed above. Some information, such as exam and education, may be on file with DOPL. Please call to verify before omitting an item. Documentation of completing 30 hours of continuing education in the two years immediately preceding submitting this application.			
Division of Occupational and Professional Licensing Heber M Wells Building, 1st Floor Lobby Division of Occupational and Professional Licensing PO E	Postal Service: sion of Occupational and Professional Licensing BOX 146741 Lake City, UT 84114-6741		

Salt Lake City, UT 84111