Reset Form

APPLICATION FOR REGISTRATION AS A PROFESSIONAL ENGINEER

State Form 46454 (R12 / 1-15)

Approved by State Board of Accounts, 2015

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
www.pla.IN.gov

INSTRUCTIONS: Please type or print and answer all questions.

* 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

Qualification for Registration according to IC 25-31-1-12 must be met at time of application.

Please check one only:

☐ Professional Engineer Comity ☐ Professional Engineer - Exam ☐ 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 *(month, day, year)*	DEGREE EARNED

EXAMINATIONS

☐ FE EXAM TAKEN ON *(month, day, year)*: _____ ☐ PE EXAM TAKEN ON *(month, day, year)*: _____

☐ STRUCTURAL I DATE TAKEN *(month, day, year)*: _____ STATE: _____

☐ STRUCTURAL II DATE TAKEN *(month, day, year)*: _____ 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*)	☐ Full time ☐ 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*)	☐ Full time ☐ Part time
Address (*number and street, city, state, and ZIP code*)	Name of supervisor	Number of hours worked per week	

Duties:

ATTACH 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. *Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,* (1) have you ever been arrested; (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or (5) have you ever pled *nolo contendre* to any offense, misdemeanor, or felony in any state?	☐ Yes	☐ No
5. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner?	☐ 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 (*month, day, year*)

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 as a professional engineer.

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 (*month, day, year*)