



APPLICATION FOR REGISTRATION AS A PROFESSIONAL ENGINEER

State Form 46454 (R15 / 9-17)

Approved by State Board of Accounts, 2017

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:**
1. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements; refer to <http://www.in.gov/pla/2742.htm> for the fees in accordance with 864 IAC 1.1-12-1.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

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

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)		Social Security number *	
Date of birth (month, day, year)	Place of birth (city and state or country)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address of applicant (number and street or rural route)		City, state, and ZIP code	
Telephone number (daytime) ()	E-mail address		
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641).			
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of firm			
Address of firm (number and street)		City, state, and 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)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
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Address (number and street, city, state, and ZIP code)	Name of supervisor	Number of hours worked per week
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Duties:

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

ATTACH ADDITIONAL SHEET IF NECESSARY.

PERSONAL BACKGROUND

If your answer is "Yes" to questions 2 through 5, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or 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; Yes No
 - (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; Yes No
 - (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; Yes No
 - (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or Yes No
 - (5) have you ever pled *nolo contendere* 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 (<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 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 (<i>month, day, year</i>)
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