

VERIFICATION OF LICENSURE/EXAMINATIONS

APPLICANT: Complete the shaded areas of this form and mail to the verifying State Board with a stamped envelope addressed to:

Oklahoma State Board of Licensure for Professional Engineers and Land Surveyors
 220 N.E. 28th Street, Suite 120
 Oklahoma City, OK 73105-2802

TO: Oklahoma State Board of Licensure for Professional Engineers & Land Surveyors

FROM: (Address of verifying State Board)

APPLICANT NAME AND ADDRESS:

Date of Birth: _____

Social Security No: X X X - X X - _____

State Board Responding: Mail this directly to the Oklahoma Board office. **DO NOT** return to the applicant.

1. EXAMINATION RESULTS

EXAM	HOURS	RESULT/SCORE	NCEES	DATE OF EXAM	ADDITIONAL INFORMATION
FE					
PE					
FS					
PS					
State					

2. LICENSURE or CERTIFICATION

	License or Certification No.	Date Issued	Valid Until
____ Engineer Intern	_____	_____	_____
____ Professional Engineer	_____	_____	_____
____ Land Surveyor Intern	_____	_____	_____
____ Professional Land Surveyor	_____	_____	_____

The applicant qualified for licensure or certification through:

- A. Written Examination: _____ B. Comity or Reciprocity: _____ State _____
- C. Education and Experience: Years of Education _____ Years of Experience _____
- D. Other: _____

3. Has applicant ever been disciplined by your board or is disciplinary action pending? ____ Yes ____ No
 If Yes, please attach documentation with full details of Board Action.

Verifier's Name: _____

Verifier's Title: _____

(Board Seal)

Signature: _____ Date: _____

PLEASE: If a fee is required, please notify the applicant, but **DO NOT** delay the processing of this form.