



# APPLICATION FOR REGISTRATION TO PRACTICE ENGINEERING

State Form 46454 (R10 / 4-13)  
Approved by State Board of Accounts, 2013

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:  Engineering Intern  Professional Engineer - Exam  
 Professional Engineer Comity  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 *
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Address of applicant (number and street or rural route)

City	State	ZIP code
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Telephone number (daytime) ( )	E-mail address
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Name of firm

Address of firm (number and street)

City	State	ZIP code
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Business telephone number ( )	Website address
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**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
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)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Address (number and street, city, state, and ZIP code)		Name of supervisor	Number of hours worked per week
Duties:			

**ATTACHED 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has disciplinary action ever been taken regarding any license, certificate, registration or permit you hold or have held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been denied a license, certificate, registration or permit in any state (including Indiana)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. 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 engineering in a competent and professional manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been convicted of, plead guilty or nolo contendere to any offense, misdemeanor or felony in any state? (Except for minor traffic violations resulting in fines.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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 to practice Engineering.

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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