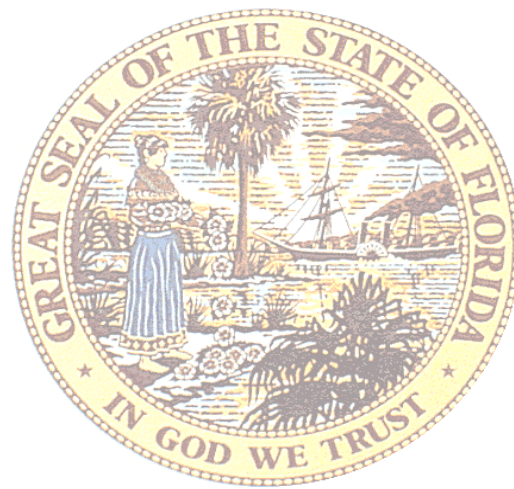


# Florida Board of Professional Engineers

2507 Callaway Rd, Suite 200  
Tallahassee, FL 32303



## Fundamentals of Engineering Re-Examination Application

## BOARD OF PROFESSIONAL ENGINEERS

### INSTRUCTIONS FOR COMPLETING THIS APPLICATION TO RECEIVE ELIGIBILITY TO RESIT FOR THE NCEES FUNDAMENTALS EXAMINATION

The Florida Board of Professional Engineers has entered into a contract with ELSEES to administer the engineering examinations effective with the October of 2004, examination.

Entering into this contract does not affect the eligibility determination. You must file your application with the Board of Professional Engineers for each exam date, and you must receive notice of eligibility from the Board to sit for the examination, **prior** to registering with ELSEES, at [www.els-examreg.org](http://www.els-examreg.org). Approvals are exam date specific. If you don't show or if you do not pass the exam, then you will be required to submit a new re-examination application and fee for board approval of your next desired exam date.

In order to qualify for the Fundamentals of Engineering Examination, you must meet the qualifications listed in Chapter 471, Florida Statutes, and (F.S.) and Rule 61G15, Florida Administrative Code (F.A.C.). Our office staff process engineer Intern Retake Applications when they are deemed complete.

#### APPLICATION INSTRUCTIONS:

The Board must receive application for examination on the date noted under Application and Fee be Received by Date posted below. Applications received after the scheduled deadlines will be processed for the following scheduled exam date. It is recommended that you mail your application at least ten days prior to the application date. The following schedule outlines the Application Due Date, Date for Application to be completed and Examination Date.

**Application and /Fee Received By:**

(Must be received by Board Office, not postmarked)

**Application completed By:**

(Refers to supporting documentation for the application to be complete.)

**Examination Date:**

June 19, 2009

July 24, 2009

October 24, 2009

**As you begin this application process you will receive updates on your application**

**30 day notice of status - You may also check the status of your application by visiting our web site and selecting the search link to [myfloridalicense.com](http://myfloridalicense.com). If you have not received a status as the completion date approaches, please contact our office by e-mail, fax or phone.**

**Notice of Complete Status will be sent by email. (Your email is required)**

**Notice of Approval \*\*\*Once you receive your Notice of Approval card from the Board, you must register with ELSEES at [www.els-examreg.org](http://www.els-examreg.org). to complete the examination process.**

**If you have any questions concerning Licensure by Examination, please contact our office.**

[Sean Benjamin](#)

Licensure Analyst

Florida Board of Professional Engineers

2507 Callaway Road, Suite 200

Tallahassee, Florida 32303.

(850) 521-0500 ext. 110

Use email address to verify application status: [sbenjamin@fbpe.org](mailto:sbenjamin@fbpe.org)

**Check List for Reexamination Applicants****All Incomplete applications will be returned**

This application Completion Checklist:

- One of the following:
- Transcript (US Degrees Only)
  - Letter of Good Standing (Applicants whom have not graduated.)
- Complete the enclosed application document and return it to the Florida Board of Professional Engineers, 2507 Callaway Rd, Suite 200, Tallahassee, FL 32303.
- Attach to the reexamination application a check or money order for \$30.00 made payable to the Florida Board of Professional Engineers.
- Affix one (1) original 2"x 2" photos to the application. Snapshots and passport photos are acceptable; Polaroid or self-developing photos are not. Please sign the back of both photographs in the event they become separated from the application. Do not submit any photographs that are not identified.**  
*Please do not staple the photo to the application.*
- It is imperative that you advise FBPE and ELSSES of any changes of address. Failure to do so will prevent delivery of important information regarding your application and examination dates. Address changes for ELSSES accordance with ELSSES instructions.** A copy of the marriage certificate or court order is required. (*Attach it to this Application*)
- You are required to submit an official transcript showing you hold an EAC/ABET Engineering undergraduate degree. This is a requirement to be eligible to retake the exam.**
- Check this box if you are attaching Conditional Documents. (**verifying additional hours are required.**)
- For those currently enrolled, if your graduation did not occur, or has changed, then submit a new letter of good standing to the Board Office.

***If your application packet is missing any of these forms, you may download them from our web site [www.fbpe.org](http://www.fbpe.org) under the application section.***

If you have any questions, you may contact:

**ATTENTION: [Sean Benjamin](mailto:sbenjamin@fbpe.org)  
 Licensure Analyst  
 Florida Board of Professional Engineers  
 2507 Callaway Road, Suite 200  
 Tallahassee, Florida 32303.  
 (850) 521-0500 ext 110**

**For more timely response, contact Sean by email. [sbenjamin@fbpe.org](mailto:sbenjamin@fbpe.org)**

FBPE Office Use Only

|   |  |
|---|--|
| <p style="text-align: center;"><b>Application for Eligibility to sit for the<br/>Fundamentals of Engineering Re-Examination</b><br/>Application Fee \$30.00<br/>Attn: <a href="#">Sean Benjamin</a></p> | <p style="text-align: center;">Florida Board of Professional Engineers<br/>2507 Callaway Rd, Suite 200<br/>Tallahassee, FL 32303<br/>(850) 521-0500 Ext. 110</p> |
|---|--|

**1. APPLICANT PROFILE DATA: PLEASE TYPE OR PRINT WITH BALL POINT PEN**

|             |      |       |        |
|-------------|------|-------|--------|
| <b>Name</b> | Last | First | Middle |
|-------------|------|-------|--------|

|                        |                   |        |       |             |
|------------------------|-------------------|--------|-------|-------------|
| <b>Mailing Address</b> | Number and Street |        |       | Apt/Lot No. |
|                        | City              | County | State | Zip         |

|                         |                               |                                   |
|-------------------------|-------------------------------|-----------------------------------|
| *Social Security Number | Home Telephone No.<br>(     ) | Business Telephone No.<br>(     ) |
|-------------------------|-------------------------------|-----------------------------------|

|  |  |
|--|--|
| <p><b>*Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 455.213(1), 409.2577, and 409.2598, Florida Statutes.</b></p> | <p><b>Email Address (Email address is required to complete this application)</b></p> |
|--|--|

Have you ever change your name through marriage or through action of a court, or have you ever been known by any other name:  
 YES     NO    if YES, list name(s) and date(s) of change below:

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

**Race:**     Caucasian     African-American     Hispanic     Asian     Native American    **Other:** \_\_\_\_\_    **Sex:**     Male     Female

**2. EDUCATION: Check highest level of degree awarded:** BS: 1 2 3 4    MS: 1 2    Ph.D.: \_\_\_\_\_

**Is this a foreign Degrees Yes  No**

| Name & Addresses Colleges/Universities Attended: | Type of Degree: | Did you graduate Y/N (If yes, transcript required. Not required for foreign Degrees) | Are you currently enrolled?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If currently enrolled, list anticipated date of graduation.<br>Month/Day/Year<br>(Letter of Good Standing Required) |                                | In what discipline of engineering was or will your degree be issued? |
|--|-----------------|--|--|--------------------------------|--|
|  |                 |  | Yes<br><input type="checkbox"/>  | No<br><input type="checkbox"/> |  |
|  |                 |  | Yes<br><input type="checkbox"/>  | No<br><input type="checkbox"/> |  |
|  |                 |  | Yes<br><input type="checkbox"/>  | No<br><input type="checkbox"/> |  |
|  |                 |  | Yes<br><input type="checkbox"/>  | No<br><input type="checkbox"/> |  |

Please indicate exam date preference applying for:  April 20\_\_\_\_     October 20\_\_\_\_  
 Have you filed an application with this office previously?  YES     NO    If yes, list the date of the last Engineer Intern Examination you have taken or were scheduled for: \_\_\_\_\_

**4. SPECIAL TESTING ACCOMMODATIONS:**

Special testing accommodations due to disability or religious conflicts will be processed at the time you register with ELSEs for the examination.

**5. AFFIRMATION**

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare and affirm that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of any license to practice in the State of Florida for the profession for which I am applying.  Personally known to me OR  ID shown; Type of ID \_\_\_\_\_


**Applicant**

Sign Here  \_\_\_\_\_

Date \_\_\_\_\_

STATE OF (            )  
COUNTY OF (            )  
\_\_\_\_\_

**ACKNOWLEDGED BEFORE ME**  
**THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,**

Notary Sign Here  \_\_\_\_\_ **MY COMMISSION EXPIRES**

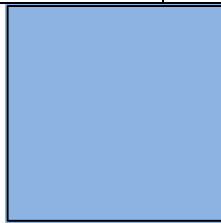
**5. WRITE NAME ON BACK OF PICTURE & ATTACH TO THIS APPLICATION:**

*Write Name on Back of Picture*

**Tape PHOTO to bottom right corner of this application**

*No self-developing pictures with Polaroid backing or colored copies*

Attach passport photo or copy of valid do not staple.



Check this box if Conditional Documents are attached.  
**(Transcripts verifying additional hours required.)**

## Letter of Good Standing

If you are currently enrolled in a Bachelors program in engineering, please complete the following statements pertaining to yourself and the educational institution you are attending, before forwarding this document to your school for certification. PLEASE TYPE OR PRINT LEGIBLY.

**Name and Address of Institution:**

**Name and Address of Applicant:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social Security No.:**

\_\_\_\_\_

**Date of Enrollment:**

\_\_\_\_\_

**Anticipated Graduation:**

\_\_\_\_\_

**Date to be awarded:**

\_\_\_\_\_

I am making application to the Florida Board of Professional Engineers for the Fundamentals of Engineering Examination and subsequent certification as an Engineer Intern. In order to make application, I must certify that I am a senior in good standing in a Board approved engineering program. With this understanding, I am providing the following information to be certified by the institution at which I am currently enrolled. Please complete and forward this document to the Florida Board of Professional Engineers, 2507 Callaway Rd, Suite 200, Tallahassee, FL 32303

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### TO BE COMPLETED BY THE INSTITUTION ONLY

This is to certify that \_\_\_\_\_ DOB \_\_\_\_\_

Is a \_\_\_\_\_ in good standing with an anticipated graduation date of \_\_\_\_\_

\_\_\_\_\_ at which time a \_\_\_\_\_ degree in

(Classification, ie: Senior

\_\_\_\_\_ engineering will be awarded, with a major in the

(Bachelors, Master, Ph.D.)

\_\_\_\_\_ discipline.

\_\_\_\_\_  
Signature of Registrar or Dean of the College of Engineering

\_\_\_\_\_  
Date

### RETURN THIS DOCUMENT TO: (SCHOOL SEAL)

Florida Board of Professional Engineers  
Sean Benjamin, Licensure Analyst  
2507 Callaway Rd, Suite 200  
Tallahassee, FL 32303