

Florida Board of Professional Engineers

2507 Callaway Road, Suite 200
Tallahassee, Florida 32303



Application for Additional Discipline

Principles and Practice Additional Discipline Instructions

If you wish to an additional discipline of the Principles and Practice exam please complete the enclosed application and submit to the Florida Board of Professional Engineer, 2507 Callaway Road, Suite 200, Tallahassee, Florida 32303

1. Please type or print in ink.
2. Attach to the application a check or money order for \$125.00 made payable to the Florida Board of Professional Engineers.
3. Attach an original 2"x2" photo 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.
4. It is imperative that you advise us of any changes of address. Failure to do so may prevent delivery of important information regarding your application and examination dates.

If you have any questions you may contact the Florida Board of Professional Engineers at (850) 521-0500.

Applications are exam date specific. Failure to appear will require a new application and approval.

ATTENTION: Brian Lynch
License Analyst
Florida Board of Professional Engineers
2507 Callaway Road, Suite 200
Tallahassee, Florida 32303
(850) 521-0500

www.fbpe.org

Contact Brian by email for faster results. Blynch@fbpe.org

FBPE Office Use only

**ORIGINAL PROFILE DATA FORM
FOR PROFESSIONAL ENGINEERS
Additional Discipline Examination
\$125.00 Fee**

**FLORIDA BOARD OF
PROFESSIONAL ENGINEERS**
2507 Callaway Rd., Suite 200
Tallahassee, FL 32303
(850) 521-0500

1. APPLICANT PROFILE DATA (Please type or print. Indicate name as it should appear on all licensing documents.)

Name	Last -	First	Middle
Mailing Address	Number and Street		Apt/Lot No.
	City	County	State Zip Code
Home Telephone No.	Business Telephone No.	Place of Birth (City, State, County)	*Social Security No.

*Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes.

Have you ever changed 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 Date of Birth: _____

2. EDUCATION: Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate School: 1 2 Post Graduate Program: _____

Name & Addresses Of Schools/Colleges Attended:	Did you graduate?		Dates Attended Month/Year	Qtr/Sem Hours	Degree Earned	Major Coursework
	Yes	No				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
Note: List here if enrolled in postgraduate program, check appropriately and list name and address of school.	<input type="checkbox"/>	<input type="checkbox"/>				

3. Examination Information:

List your Professional Engineers Registration Number: PE #:	<input type="checkbox"/>	<input type="checkbox"/>				
Please indicate the discipline in which you were examined for original licensure:	<input type="checkbox"/>	<input type="checkbox"/>				
Please specify the discipline in which you now wish to be examined: Structural Part I _____ Structural Part II _____	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	<input type="checkbox"/>				

**WRITE NAME ON BACK OF
PICTURE**

STAPLE TWO 2"x2" PHOTOS

No self-developing pictures with polaroid backing or colored copies