



STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Occupational & Professional Licensing
 450 Columbus Boulevard, Ste 901
 Hartford, CT 06103
 Email: dcp.occupationalprofessional@ct.gov

Verification of Registration or Examination

To: (Board Making Certification)

Name			
Street Address	City	State	Zip Code

Name of Applicant

First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code
Social Security Number	Date of Birth		

I. The above named person was certified or licensed as:

<input type="checkbox"/> Professional Engineer	Certificate Number	Date Issued	Valid Until	Date Applied
Engineer-in-Training	Certificate Number	Date Issued	Valid Until	Date Applied
Land Surveyor	Certificate Number	Date Issued	Valid Until	Date Applied
<input type="checkbox"/> Land Surveyor-in-Training	Certificate Number	Date Issued	Valid Until	Date Applied

II. Written Examination

<input type="checkbox"/> Professional Engineer	Hours	Results (Pass/Fail Grade)	NCEES Exam	Exam Date
Engineer-in-Training	Hours	Results (Pass/Fail Grade)	NCEES Exam	Exam Date
Land Surveyor	Hours	Results (Pass/Fail Grade)	NCEES Exam	Exam Date
Land Surveyor-in-Training	Hours	Results (Pass/Fail Grade)	NCEES Exam	Exam Date
Other	Hours	Results (Pass/Fail Grade)	NCEES Exam	Exam Date

Examination Option _____

III. EIT/LSIT accepted from: _____

EIT Waived: _____ (basis of waiver)

IV. Comity with: EIT accepted from _____

PE accepted from _____

- V. 1) Has any disciplinary action been taken against the applicant? _____ Yes _____ No
 2) If so, has this disciplinary case been satisfied to the Board's requirements? _____ Yes _____ No
 If not, give details on back or attach documentation.

Certified By:

 Signature Date Title State (Board Seal)