



STATE OF RHODE ISLAND

Bd. of Registration for Professional Engineers

(401) 462-9592 Fax: (401) 462-9532

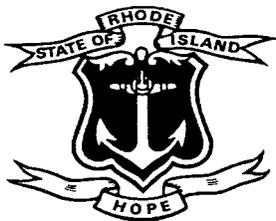
www.bdp.state.ri.us
1511 Pontiac Ave, Building 68-2
Cranston, RI 02920

IMPORTANT INFORMATION

Effective March 23, 2010

Rhode Island requires an NCEES Record for an application for licensure by comity. Information regarding obtaining a record can be found at <http://www.ncees.org/records>.

(There are six (6) Pages to this Application. Must complete/file ALL!)



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INSTRUCTION SHEET

APPLICATION FEE - the application fee for **PROFESSIONAL ENGINEER** shall be one hundred fifty dollars (\$150.) made payable to: General Treasurer, State of RI, and shall accompany the complete application package. **This fee is non-refundable.**

NCEES RECORD

Applicants applying for registration by Comity **and** submitting an NCEES record need to insert the following statement in Section 1: "NCEES record being sent". **Complete in full sections 1– 6 of the application and the supplemental information form. Reference and verification forms are not needed with a NCEES record.** It is the responsibility of the applicant to request transmittal of his/her record directly to the Board.

II. MEMBERSHIP IN SOCIETIES, ETC.

A. Self-explanatory.

III. EDUCATION

A. Rhode Island Law Requires a four (4) year Bachelor of Science undergraduate degree in engineering for registration.

IV. PROFESSIONAL EXPERIENCE

A. Begin with your present position.

B. Number each engagement.

C. List "from and to" dates in months and years.

D. Please note: The Board only recognizes experience obtained after receipt of a Bachelor of Science degree in Engineering.

E. Fill in title of position, name of employer and a detailed description of duties and responsibilities, not projects.
If this description does not fit in the block provided on the application, an attachment must be submitted accordingly.

F. Indicate the name and address of the individual familiar with each engagement.

G. Time columns are to be broken down into five (5) sections as indicated on the application. Definitions of each
column are given at the bottom of Section 5 on the application. Complete all five (5) columns at the bottom of this
section. Do not leave blank columns.

H. You must complete the summary (actual time) total for all five (5) columns at the bottom of this section. Do not
leave blank columns.

INSTRUCTION SHEET (cont'd.)

VI. AFFIDAVIT

A. This section must be completed in the presence of a Notary Public.

CHECKLIST...Please verify that the following are included in your application.

- Check for \$150. payable to: Treasurer, State of RI. __ NCEES Record
- All information in Section 1 through Section 6 are completed in full.
- Signature on your affixed photograph.
- Supplemental Information form is included and notarized.

- Affidavit is completed and notarized.

KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS.

APPLICATION FEE: \$150.00

No. _____

IMPORTANT – Do not fill out application until you read and understand this form and the enclosed “Instruction Sheet”.

**RHODE ISLAND
STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS
1511 Pontiac Ave, Building 68-2, Cranston, RI 02920
(401-462-9592) (401-462-9532 Fax)**

**Application for Registration to Practice
Professional Engineering**

1. GENERAL INFORMATION

Social Security # _____ Date _____, 20____

Name in Full _____ Phone #: _____
Last First M

Residence Address _____ *

Name of Employer _____

Business Address _____ *

* Please Check Box for Preferred Mailing Address

Present Position _____

Date of Birth _____ Citizenship _____

Legal Resident of what State _____

When did you become a Resident? _____

What Section of RI G.L. 5-8-11 are you applying under _____

In what branch(s) of engineering are you proficient? _____

Have you previously applied or held registration in RI? Yes _____ No _____

You must submit a NCEES Record

____ NCEES Record Being Sent

Attach in this space unmounted recognizable recent photograph with face not less than _ inches wide.

Photograph taken more than six months prior to filing application is not acceptable. **Professional passport type required.**

Do not use staples when attaching photograph. Paste or cellophane tape may be used.

AFFIX SIGNATURE ON PHOTO AT THE BOTTOM.

**2. MEMBERSHIP IN SOCIETIES, ASSOCIATIONS, OR INSTITUTES
(Professional or Scientific)**

Name of Organization	Grade of Membership	Date

3. PREVIOUS REGISTRATIONS

Name of State	Year	How Registered (written or oral examination,	Classification	Active or
	Registered			
	and _____ Cert. # _____	record only, “grandfather clause”, comity, etc.		Lapsed

Have you taken an E.I. T. test? If so, give name of state, year and certificate # _____
Have you ever had registrations refused in any state? _____ If so attach statement giving full particulars.
Have you ever had disciplinary action taken in any state? _____ If so attach statement giving full particulars.

IT IS YOUR RESPONSIBILITY TO INFORM THIS OFFICE OF A CHANGE OF ADDRESS

4. EDUCATION

(State in chronological order the name and location of each high or preparatory school, college, university, or technical school attended, the time spent at each and if a graduate, the year of graduation. If not an Engineering graduate, outline nature and extent of studies.) **SCHOOLS WITHOUT COMPLETE ADDRESSES AND ZIP CODES WILL RESULT IN THE RETURN OF THE APPLICATION.**

	Complete School Name and Address	Years From – To	Date Graduated (month & year)	Engineering Curriculum	Degree Received

5. PROFESSIONAL EXPERIENCE

(IMPORTANT – READ ALL INSTRUCTIONS IN THIS SECTION BEFORE FILLING OUT FORM)

- a. Each of the five columns under “Time” should be filled out for each engagement. Use Zeros where necessary, but do not leave blank spaces and do not use the word “yes”.
- b. The time “In Sub-Professional Work” plus the time “In Professional Work” must equal the time entered under “Total Time”. Columns 2 and 3 must equal Column 1.
- c. If any of the time given as “In Professional Work” has been “In Responsible Charge” or also “In Design”, enter the portion of the time thus spent in the proper column.
- d. If the same period of time is spent in “Responsible Charge” and also “In Design”, it should be entered in both columns (4) and (5).

APPLICANT MUST FILL OUT ALL COLUMNS

Number of Engagement	DATE		TITLE OF POSITION, NAME OF EMPLOYER, AND CHARACTER OF ENGAGEMENT (Make statement brief and concise; any necessary implications may be made by letter)	TIME In years and months					Name, Address and Zip Code of someone familiar with each engagement preferably the person to whom applicant reported
	From	To		(1) Total Time Actual	(2) In Sub-Professional Work (Actual)	(3) In Professional Work (Actual)	(4) In Responsible Charge (Actual)	(5) In Design (Actual)	



Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy. (Case # _____)

Type of Professional License for which you are applying

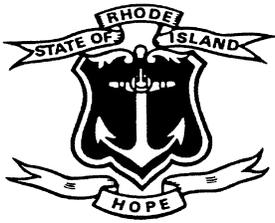
Full Name (Please Print or Type)

Social Security Number (or FEIN if appropriate)

Signature

Phone Number (including area code if not 401)

Date



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SUPPLEMENTAL INFORMATION FORM

PLEASE LIST EACH AND EVERY TIME THAT YOU HAVE TAKEN THE **FUNDAMENTALS OF ENGINEERING (EIT)** EXAMINATION AND **THE PRINCIPLES & PRACTICE (PE)** EXAMINATION.

APPLICANT'S NAME & ADDRESS

COMPLETE ALL INFORMATION REQUESTED BELOW.

EXAM	DATE	STATE	RESULTS	
			Pass	Fail

Please fill in the following:

I have taken the Fundamentals of Engineering Exam (EIT) a total of _____ times.

I have taken the Professional Engineer Exam (PE) a total of _____ times.

I am the applicant named in this application and certify under penalty of perjury that the foregoing is true and correct in every respect.

DATE EXECUTED ON: _____

PRINT NAME: _____

6. AFFIDAVIT

STATE OF _____

SS

County of _____

_____ being first duly sworn, deposes and says:
I am the Applicant named in this application, have read the contents thereof, and to the best of my knowledge and belief, the foregoing statements are true and correct in every respect.

Subscribed and sworn to before me this

_____ day of _____, 20_____

(SEAL)

My Commission expires _____

(Signature of Applicant)

(Notary Public)

(This space not to be used by Applicant)

RECORD OF BOARD

Check No. _____

Date _____

Name of Applicant _____ Amount of fee paid \$ _____

Considered by Board _____ Action of Board _____

Personal interview held _____ Date _____

Date of Registration _____ Number _____

Certificate mailed _____ Discipline _____

Examination given: Engineering Fundamentals Date _____ State _____ Score _____

Professional Engineering Date _____ State _____ Score _____

Exam Reviewed By: _____

Date _____

Secretary Notes



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STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS

RULES OF THE BOARD IV- EXAMINATIONS (2.)

SUBJECT: Board Policy on the number of times an applicant may be allowed to take the Fundamentals of Engineering (FE) or Professional Engineer (PE) exams.

1. That a qualified applicant will be allowed to take the FE or PE exam a total of three (3) times. This would be an aggregate total regardless of where the exam was taken.
2. An applicant who has failed three (3) times, may request permission to take the exam for a fourth and final time, if:
 - a) Their score on their last attempt was a minimum of sixty (60) and
 - b) They agree to take and complete an appropriate review course or graduate courses in areas of their deficiency and submit written proof to the Board of having successfully completed such course or courses.
3. An applicant who fails the FE or PE exam a total of four (4) times, regardless of where or when the exam was taken, shall not be allowed to take the exam in Rhode Island, nor be granted a registration by reciprocity or comity should they pass it at a future date in a different state or jurisdiction.
4. An applicant who does not properly inform the Board of previous attempts to pass the exam in another state or jurisdiction, if such information comes to the Board's attention, shall be barred from taking any more exams in Rhode Island or shall have any license gained in Rhode Island revoked.
5. If an applicant obtains an additional engineering degree from an ABET accredited school then the Board may grant relief from these provisions for good cause shown.