

# PE Exam Application

## 1. Registration Qualifications

This PE Exam Application is **ONLY** for candidates who are applying to take an NCEES Principles and Practice of Engineering examination **for the first time in Ohio**. Registration qualifications can be found in Ohio R.C. section 4733.11 through section 4733.13 and Ohio A.C. section 4733-9. Your initials are required in several locations, and a notarized affidavit is required on Page 4. **An incomplete application cannot be reviewed and will be returned.**

<< Your initials indicate that you have read the Registration Qualifications.

## 2. \$75.00 Nonrefundable Application Fee R.C. 4733.12, R.C. 4733.13, A.C. 4733-19

**An application and fee is required for each exam cycle.** A \$75.00 nonrefundable application fee, using check or money order and made payable in U.S. funds to **Treasurer, State of Ohio**, is required. Credit card or online payment is not available.

<< Your initials indicate that you understand the \$75.00 Nonrefundable Application Fee is required by law. **Applications including cash will be returned.**

## 3. Contact, Personal Information

The Board requires your full name as it will officially appear on any subsequent certificate of registration. **IMPORTANT!** We must assume your name is in U.S. order — first, middle, last. Initials may be used. Your name on this application, and any subsequent NCEES-administered examination registration, **must be the same.**

YOUR FULL NAME IN U.S. ORDER — FIRST, MIDDLE, LAST — INITIALS MAY BE USED SUFFIX

MAILING ADDRESS LINE 1  
P.O. Box is NOT acceptable

MAILING ADDRESS LINE 2 >> **ONLY if needed**

CITY

U.S. STATE, ZIP

CANADA PROVINCE, POSTAL CODE

COUNTY >> **REQUIRED if Ohio address**

COUNTRY >> **Only if NOT U.S. or Canada**

EMAIL ADDRESS

## 4. Required Photo

Your **REQUIRED** photograph must be securely attached within this 2" by 2" space.

Passport, or passport-style, photo is requested.

Required, by Ohio A.C. section 4733-17, is a permanent print of your recognizable face not less than ¾" wide.

U.S. SOCIAL SECURITY NUMBER  
**REQUIRED by Ohio R.C. section 3123.50**

BIRTH DATE >> **MM/DD/YYYY**

TELEPHONE

## 5. Higher Education A.C. 4733-17

**IMPORTANT! Non-ABET degrees must be evaluated before applying for an exam approval.** Go to [www.peps.ohio.gov](http://www.peps.ohio.gov) for Board policy and degree evaluation information. Credit claimed must be supported by an official transcript from the institution. Applications filed without original transcripts cannot be reviewed until transcripts are received. Applications filed with non-ABET degrees cannot be reviewed without receiving an NCEES degree evaluation.

INSTITUTION College or university	FROM MM/YY	TO MM/YY	GRADUATED MM/YY	DEGREE EARNED Engineering degree ONLY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**6. Engineering exam, licensure information** VERIFICATION REQUIRED FOR NON-OHIO EXAM, LICENSE

**FE exam**

STATE	EXAM DATE >> MM/DD/YYYY	E.I. CERTIFICATE NUMBER [1]
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Current P.E. licensure** LIST NO MORE THAN 3

STATE	P.E. CERTIFICATE NUMBER	EXP. DATE >> MM/DD/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

**PE exam**

STATE	EXAM DATE >> MM/DD/YYYY	P.E. CERTIFICATE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

STATE	P.E. CERTIFICATE NUMBER	EXP. DATE >> MM/DD/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

PE EXAM DISCIPLINE

**7. Surveying exam, licensure information** VERIFICATION REQUIRED FOR NON-OHIO EXAM, LICENSE

**FS exam**

STATE	EXAM DATE >> MM/DD/YYYY	S.I. CERTIFICATE NUMBER [1]
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Current P.S. licensure** LIST NO MORE THAN 3

STATE	P.S. CERTIFICATE NUMBER	EXP. DATE >> MM/DD/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

**PS exam**

STATE	EXAM DATE >> MM/DD/YYYY	P.S. CERTIFICATE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

STATE	P.S. CERTIFICATE NUMBER	EXP. DATE >> MM/DD/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

[1] **NOTE:** E.I. and S.I., formerly E.I.T. and S.I.T., are Ohio's abbreviations for Engineer Intern and Surveyor Intern. Several states, including Ohio, do not issue engineer intern or surveyor intern numbers.

**8. References** OHIO R.C. SECTION 4733.12

Name 5 persons, at least 3 of whom are registered engineers, from whom the Board may request information in regard to your character, experience and professional ability. Do not name your relatives or members of this Board.

<b>1</b>	NAME	BUSINESS RELATIONSHIP	P.E./P.S. REGISTRATION	
	<input type="text"/>	<input type="text"/>	Number	State
	ADDRESS	OCCUPATION		
	<input type="text"/>	<input type="text"/>		

<b>2</b>	NAME	BUSINESS RELATIONSHIP	P.E./P.S. REGISTRATION	
	<input type="text"/>	<input type="text"/>	Number	State
	ADDRESS	OCCUPATION		
	<input type="text"/>	<input type="text"/>		

<b>3</b>	NAME	BUSINESS RELATIONSHIP	P.E./P.S. REGISTRATION	
	<input type="text"/>	<input type="text"/>	Number	State
	ADDRESS	OCCUPATION		
	<input type="text"/>	<input type="text"/>		

<b>4</b>	NAME	BUSINESS RELATIONSHIP	P.E./P.S. REGISTRATION	
	<input type="text"/>	<input type="text"/>	Number	State
	ADDRESS	OCCUPATION		
	<input type="text"/>	<input type="text"/>		

<b>5</b>	NAME	BUSINESS RELATIONSHIP	P.E./P.S. REGISTRATION	
	<input type="text"/>	<input type="text"/>	Number	State
	ADDRESS	OCCUPATION		
	<input type="text"/>	<input type="text"/>		

## 9. Experience A.C. 4733-9

What is the nature and extent of your experience? **Do not list college education.** Make as many copies of this page as needed. If using plain sheets to furnish additional engineering experience, be sure to date and sign each additional sheet. Include title of your position, name and location of employer, character of each employment and degree of responsibility. Explain your engineering experience in sufficient detail to indicate degree of responsibilities and work performed. Have your supervisor complete and sign the supervisor information. If the supervisor is unavailable or unwilling to provide the information, attach a letter to this application with an explanation. **You should only list fulltime employment.**

FROM MM/YY <input type="text"/>	TO MM/YY <input type="text"/>	EXPERIENCE DETAIL Position, employer, location, work responsibilities <input type="text"/>	SUPERVISOR INFORMATION Supervisor must complete NAME <input type="text"/>
TIME Years Months <input type="text"/> <input type="text"/>			P.E./P.S. REGISTRATION Number State <input type="text"/> <input type="text"/>
PERCENTAGE (%) OF TIME Engineering Surveying <input type="text"/> <input type="text"/>			EMAIL >> Optional <input type="text"/>
			TELEPHONE <input type="text"/>
			SIGNATURE <input type="text"/>
			DATE <input type="text"/>

FROM MM/YY <input type="text"/>	TO MM/YY <input type="text"/>	EXPERIENCE DETAIL Position, employer, location, work responsibilities <input type="text"/>	SUPERVISOR INFORMATION Supervisor must complete NAME <input type="text"/>
TIME Years Months <input type="text"/> <input type="text"/>			P.E./P.S. REGISTRATION Number State <input type="text"/> <input type="text"/>
PERCENTAGE (%) OF TIME Engineering Surveying <input type="text"/> <input type="text"/>			EMAIL >> Optional <input type="text"/>
			TELEPHONE <input type="text"/>
			SIGNATURE <input type="text"/>
			DATE <input type="text"/>

FROM MM/YY <input type="text"/>	TO MM/YY <input type="text"/>	EXPERIENCE DETAIL Position, employer, location, work responsibilities <input type="text"/>	SUPERVISOR INFORMATION Supervisor must complete NAME <input type="text"/>
TIME Years Months <input type="text"/> <input type="text"/>			P.E./P.S. REGISTRATION Number State <input type="text"/> <input type="text"/>
PERCENTAGE (%) OF TIME Engineering Surveying <input type="text"/> <input type="text"/>			EMAIL >> Optional <input type="text"/>
			TELEPHONE <input type="text"/>
			SIGNATURE <input type="text"/>
			DATE <input type="text"/>

**10. Disciplinary Actions** R.C. 4733.20

**FELONY, MORAL TURPITUDE** Have you been convicted, found guilty, pled guilty or received treatment in lieu of conviction for a felony or any offense involving moral turpitude in Ohio or another U.S. state or jurisdiction?

No  Yes If **YES**, provide a written statement, signed and dated, explaining the incident(s) and attach statement(s) and supporting documentation to this application. Documentation should include, but is not limited to, court and police records.

**LICENSE, REGISTRATION** Have you had a disciplinary action involving a professional or vocational license, or registration, or had an application for the same denied in Ohio or another U.S. state or jurisdiction?

No  Yes If **YES**, provide a written statement, signed and dated, explaining the incident(s) and attach statement(s) and supporting documentation to this application.

**11. Disclosure Statement, Privacy Notice**

**DISCLOSURE STATEMENT** The State Board of Registration for Professional Engineers and Surveyors is requesting disclosure of information that is necessary to accomplish our statutory purpose as required by Chapter 4733 of the Ohio Revised Code and the Ohio Administrative Code. Failure to provide required information may result in your application approval being delayed or in your application being returned.

**PRIVACY NOTICE** Most documents and records maintained by the state of Ohio are public records under Ohio law. This means that information submitted to us from you may be subject to disclosure if there is an official public records request. **EXCEPTIONS:** Your U.S. social security number and any college transcripts submitted to the Board are **NOT** public records and cannot be released through a public records request.

<< *Your initials indicate that you have read the Disclosure Statement, Privacy Notice.*

**12. Notarized Affidavit** R.C. 4733.09

**Important!** State, county, applicant and notary names, signatures and dates must be completed or application will be returned.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ } ss.

I, \_\_\_\_\_ [APPLICANT PRINTED NAME], being the duly sworn, or affirmed applicant, say that my statements in this application are true to the best of my knowledge and belief.

APPLICANT SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

Subscribed and sworn, or affirmed, to me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Witness my hand and seal hereon.

NOTARY SIGNATURE \_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_\_



Deliver your completed **PE Exam Application** with fee to:

**Ohio** PE EXAM APPLICATION  
STATE BOARD OF REGISTRATION FOR  
PROFESSIONAL ENGINEERS AND SURVEYORS  
50 W BROAD ST STE 1820  
COLUMBUS OH 43215-5905

**Questions?**

EMAIL [pes.board@pes.ohio.gov](mailto:pes.board@pes.ohio.gov)  
(614) 728-3059 FAX  
(877) 644-6364 U.S. TOLL FREE  
(614) 466-3651 COLUMBUS METRO