

3. QUALIFYING EXPERIENCE

(Complete this section & Engineer Certificate of Experience form(s) on page 8-10 only if you are applying with work experience and not education)

Employer #1: _____ Your Supervisor: _____

Employer's Address: _____ Phone Number: _____

Date of Employment (to/from): _____ # of Hours Worked per Week: _____

_____ Description of Work Performed (including Job Title):

Employer #2: _____ Your Supervisor: _____

Employer's Address: _____ Phone Number: _____

Date of Employment (to/from): _____ # of Hours Worked per Week: _____

Description of Work Performed (including Job Title): _____

Employer #3: _____ Your Supervisor: _____

Employer's Address: _____ Phone Number: _____

Date of Employment (to/from): _____ # of Hours Worked per Week: _____

Description of Work Performed (including Job Title): _____

Experience must be gained in accordance with A.R.S. 32-122.01. The Board shall verify all experience relevant to this application.

Please request your supervisor verify your experience on the "Engineer Certificate of Experience Form" provided in this application packet and have them directly forward the completed form to the Board. The Board may only credit experience obtained under the direct supervision of a professional registrant pursuant to ARS 32-122.01(D) & (E).

If you cannot supply the names and addresses of three supervisors, you must provide to the Board a written, sworn statement, explaining the inability to provide this information. Additionally, you must request three professional references, unrelated to you, at least two of which are registered as Professional Engineers, verify your experience on the "Engineer Certificate of Experience Form" provided in this application packet and have them directly forward the completed form to the Board.

4. CERTIFICATION / RELEASE

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I authorize any individual, company or institution with whom I have been associated to furnish the Arizona State Board of Technical Registration with any information concerning my qualifications for professional registration/certification in Arizona, which they have on record or otherwise possess, and release the individual, company or institution and all individuals from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

Signature of Applicant

Date

The Board will verify your answers by searching public records databases. If the Board determines that any of your answers are incorrect, you may become the subject of an investigation. Making a false statement in connection with this application may be cause for denial of this application and/or referral for criminal prosecution.

- Arizona Revised Statutes (“A.R.S.”) 41-1030(B) states that “[a]n agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.”
- A.R.S. 41-1030(D) states that “[t]his section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.”
- A.R.S. 41-1030(E) states that “[a] state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.”
- A.R.S. 41-1030(F) states that “[t]his section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.”



State of Arizona
BOARD OF TECHNICAL REGISTRATION

1110 W. Washington Street, Suite 240, Phoenix, Arizona 85007 (602) 364-4930 FAX: (602) 364-4931 <https://btr.az.gov/>

PREVIOUSLY SUBMITTED DOCUMENTS AFFIRMATION FORM

If you submitted an application to the Board previously, you may submit this form with your new application to request that the Board reuse documents provided with the previous application.

I request that the Board reuse the following documents for the application attached.

- “Architect Certificate of Experience Form(s)” previously provided in application
_____.
 - “Engineer Certificate of Experience Form(s)” previously provided in application
_____.
 - “Geologist Certificate of Experience Form(s)” previously provided in application
_____.
 - “Land Surveyor Certificate of Experience Form(s)” previously provided in application
_____.
 - “Landscape Architect Certificate of Experience Form(s)” previously provided in application
_____.
 - Certified Transcripts previously provided in application
_____.
 - License/Exam Verification(s) from other states and jurisdictions previously provided in application
_____.
 - “Arizona Statement of Citizenship and Aliens Status for State Public Benefits” form previously provided in application # _____.
 - Copy of a Government issued photographic identification previously provided in application
_____.
-

By signing, I affirm that I understand that the Board must consider its Record Retention Schedule and Confidentiality Laws (ARS 32-129), among other things, when determining my request, that the Board has the authority to deny my request and, if denied, I will be responsible for any missing documentation.

Signature of Applicant

Date



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Engineer Certificate of Experience Form

Applicant Name: _____

Branch of Engineering being sought: _____

SECTION A
 (To be completed by Applicant)

Employer Name, Address, and Telephone _____

Your Job Title _____

Your Supervisor/Reference Name and Job Title _____

If the name given above is other than an immediate supervisor, indicate below the professional relationship of the person you have chosen.

Co-Worker Client Other Explain: _____

DETAILED SUMMARY OF QUALIFYING EXPERIENCE

Note: The detailed summary should include a description of the projects you worked on and a breakdown of time spent by category of experience. Please use next page to adequately detail your experience.

Employment Dates: From _____ / _____ / _____ To _____ / _____ / _____ (These dates should match the dates observed by supervisor/reference on Section B)

Approximate Number of Hours Worked Weekly _____

Experience Activity:

Activity	Total Months
Consultation (R4-30-222)(B)(1)	
Research Investigation (R4-30-222)(B)(2)	
Evaluation (R4-30-222)(B)(3)	
Planning (R4-30-222)(B)(4)	
Design (R4-30-222)(B)(5)	
Construction Review (R4-30-222)(B)(6) (maximum 12 months credit)	
Administration (R4-30-222)(B)(7) (maximum 12 months credit)	
Surveying (R4-30-222)(B)(8) (maximum 12 months credit)	
Editing or Writing (R4-30-222)(B)(9) (maximum 6 months credit)	
Other Engineering Experience (R4-30-222)(B)(10) (maximum 6 months credit)	
Sub-Professional Work (R4-30-222)(B)(11) (maximum 6 months credit)	
Grand Total (sum for all activities - should equal same # of months as employment dates listed above)	

I affirm under penalty of law that the foregoing statements and supporting documentation are accurate, true and complete to the best of my knowledge. I understand that submitting a materially false statement in connection with an application may be grounds for denial of this application and/or referral for criminal prosecution.

Applicant's Signature _____ Date _____

Applicant Name _____

Supervisor/Reference please initial here _____

Applicant Name: _____

SECTION B

(To be completed by supervisor/reference)

The Board will rely on your answers to the questions below in determining whether or not this applicant should be issued a license to practice as a professional in Arizona. Please recognize the importance of this information and give due care to your responses. Use additional pages, if required. Please evaluate the qualifications of this applicant in the light of professional requirements. Please understand that, while an examination may determine an applicant's technical ability to do the standard task, it does not determine honesty, integrity, dependability, resourcefulness, judgment, ability to take responsible charge and other qualities and traits of character necessary in a competent and ethical professional. These characteristics show up in practice and are known only to the applicant's acquaintances and associates.

If you are not a professional registrant, you must include your resume.

Your Name _____

Address _____

City, State, Zip _____

Telephone _____

E-mail: _____

Your job title at the time you supervised/knew the applicant _____

Have you personally supervised and examined the applicant's work? Yes No
Does the information presented by the applicant accurately reflect his/her experience? Yes No
(If "No" or "Don't Know," please explain.) Don't Know

Give the dates you observed the applicant performing professional duties, either directly or indirectly.

Date: From _____ To: _____ Directly/ Indirectly

How long have you known this applicant? _____

Is this applicant related to you by blood or marriage? Yes No

From your personal knowledge, your appraisal of the applicant would be:

Rating Factors	Excellent	Very Good	Adequate	Below Par	Poor	Don't Know
Quality of Work						
Technical Knowledge						
Professional Attitude						
Professional Judgement						
Character & Reputation						

Please include any remarks you have regarding this applicant on a separate piece of paper and submit with this form.

Do you believe the applicant is qualified for registration? Yes No
(If you marked "No" or "Don't Know," please explain on a separate sheet.) Don't Know

I affirm under penalty of law that the foregoing statements and supporting documentation are true and correct to the best of my knowledge. I understand that submitting a materially false statement in connection with an application for registration is grounds for disciplinary action. Enter NA under Registration# if you are not a professional registrant.

Signature _____ Date _____

Engineer Professional Registration# _____

Issue Date _____ State _____

Place imprint of seal in the space to the right.



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Military Status - A.R.S. § 32-4304(A)(4)

Effective July 1, 2022, a regulating entity that issues an occupational or professional license shall “track veteran and military spouse status of applicants”. All state agencies shall report the information to the Governor’s office on an annual basis.

It is requested that you provide the following information in order for the Arizona Board of Technical Registration to comply with A.R.S. § 32-4304(A)(4):

Are you active duty military?

yes

no

I do not wish to answer

Are you a veteran?

yes

no

I do not wish to answer

Are you the spouse of an active duty military individual?

yes

no

I do not wish to answer

Are you the spouse of a veteran?

yes

no

I do not wish to answer