



STATE OF ARIZONA
BOARD OF TECHNICAL REGISTRATION

1110 W. Washington St., Suite 240, Phoenix, Arizona 85007, (602) 364-4930 FAX: (602) 364-4931 www.btr.az.gov

APPLICATION FOR PROFESSIONAL ENGINEERING REGISTRATION

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

APPLICATION FEE \$100.00

1. GENERAL INFORMATION

Name: Last First Middle

Date of Birth Social Security # (Mandatory)

Residence Address

City, State, Zip/Postal Code Tel.#

Business Name & Address

City, State, Zip/Postal Code Tel.#

Email

Please specify desired branch

Current Arizona registration/certification # Engineering Branch

2. BACKGROUND/DISCIPLINE

If the answer to any of the following questions is "yes," please attach a detailed explanatory statement (use additional sheets if necessary) and related official documentation. Please refer to the "Important Notice to Applicants" in the Instructions.

- 1. Have you ever been refused any registration or certification in any state or jurisdiction? Yes No
2. Have you ever been the subject of professional disciplinary action for any license you hold, or do you now have such action pending against you in any state or jurisdiction (including Arizona)? Yes No
3. Have you ever been named in a civil lawsuit? Yes No
4. Have you ever been known by a name or names other than the one shown on this application? Yes No
5. Have you ever been convicted of a misdemeanor other than a minor traffic violation? DUI is not a minor traffic offense. Yes No
6. Have you ever been convicted of a felony? Yes No

Internal Use Only

Receipt Number: Amount Paid:

Criminal History Check Completed
No Further Action Required
Further Information Required
Initials:
Date:

Applicant Name _____

3. PREVIOUS PROFESSIONAL REGISTRATIONS/CERTIFICATIONS

(Issued by any state/jurisdiction)

EXAMSTAKEN:

FE _____ State(s) _____ Year _____
 PG/PE _____ State (s) _____ Year _____
 SE _____ State (s) _____ Year _____

CURRENT PROFESSIONAL REGISTRATIONS/CERTIFICATIONS:

Profession	State/ jurisdiction	Year Reg./Cert.	Reg./Cert.#	How registered/certified - (exam, education and experience, etc.)	Hrs. of Written exam	Active/ Canceled

4. PENDING APPLICATIONS

Do you have a professional registration/certification application pending in any other state or jurisdiction? Yes No

If "yes," please list state/jurisdiction _____ Profession/Branch _____

Current Status of Application _____

5. NATIONAL CERTIFICATES OF QUALIFICATION

Do you hold a certificate of qualification in your field of application issued by a national bureau of registration or certification (NCEES)? Yes No

*If you answered "Yes" please provide your certificate to the Board and skip Sections 6, 7, and 8.

Name & Address of Issuing Organization	Certificate Type	Issue Date	Status

6. EDUCATION

ALL EDUCATION RELEVANT TO THIS APPLICATION MUST BE VERIFIED BY CERTIFIED TRANSCRIPTS FORWARDED DIRECTLY FROM THE REGISTRAR'S OFFICE OF THE COLLEGE OR UNIVERSITY ATTENDED. Transcripts of non-degreed applicants other than seniors claiming educational credit must be forwarded and received, including an outline of the nature and extent of studies, prior to admission to examination (seniors should not have transcripts forwarded until a degree has been awarded).

Name and Location of Institution	Years: From-To	Date Graduated	Major/Minor	Type of Degree
	TO			
	TO			

7. QUALIFYING EXPERIENCE

The applicant's current and former employers must verify all experience on the Certificate of Experience Record and Reference forms provided to them. Experience must be gained in accordance with A.R.S. 32-122.01. If experience was not gained under a professional registrant, provide your reference's resume along with the Certificate of Experience Record and Reference form Pursuant to A.A.C. R4-30-201 (A)(11)(12)(14). 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; See Section 8.

Employment dates on the Certificate of Experience forms must match dates in the Qualifying Experience Section.

Employment Dates: From _____ To _____	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	
Employment Dates: From _____ To _____	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	
Employment Dates: From _____ To _____	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	
Employment Dates: From _____ To _____	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	
Employment Dates: From _____ To _____	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	

Applicant Name _____

8. REFERENCES

If you cannot supply the names and addresses of three supervisors, provide an explanation in the space below the table, and list the names and addresses here of three personal references unrelated to you, at least two of whom shall be registered/certified in the category in which registration/certification is sought. Have your references verify your qualifications on the Certificate of Experience Record and Reference form. Pursuant to A.A.C. R4-30-201 (A)(11)(12)(14).

Name	Address and Telephone Number	Position

9. 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.

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 investigation.

Signature of Applicant

Date

NOTICE

Knowingly making a false statement in connection with this application may be cause for denial of this application and/or referral for criminal prosecution.