APPL#_____
For Office Use Only

STATE OF NEW HAMPSHIRE

REAPPLICATION FOR PE EXAM

☐ **$310.00 Exam Fee**

Structural Exam

☐ **$500.00 Vertical Forces Exam Fee**
☐ **$500.00 Lateral Forces Exam Fee**

The application must be filled out completely and typewritten
You must complete an application each time you sit for the exam
Check Payable to "Treasurer, State of NH" or complete the enclosed credit card form **(Non-Refundable Fee)**

1. General Information

Name _____
Last First Middle

Names Previously Used (if applicable)_____

☐ Residence Address _____
zip code

School/Business Name _____

☐ School/Business Address _____
Indicate mailing address by check box zip code

Current Position:_____ Email:_____

Business Phone Home Phone

Have you ever had any disciplinary action brought against you by any Board or Jurisdiction? If yes, include an explanation. ☐ Yes ☐ No

This form and the $310.00 fee must be received in the board office by January 1st for the April exam and August 1st for the October exam or your application will be processed for the next exam.

The undersigned states that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect.

_____
Signature of Applicant