



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301  
Phone: 603-271-2152

\$510.00 Reinstatement Fee

Check Payable to "Treasurer, State of NH" or complete the enclosed credit card form (Non-Refundable Fee)

Update every section of the application from your date of expiration.

**1. General Information**

Name

Last

First

Middle

Names Previously Used (if applicable) \_\_\_\_\_

SSN# \_\_\_\_\_

Residence Address

\_\_\_\_\_ Zip code \_\_\_\_\_

Business Name

\_\_\_\_\_

Business Address

\_\_\_\_\_ Zip code \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

**2. General Information Questions**

CHECK ONE:

1. Have you ever been convicted of any felony or any misdemeanor involving engineering or the practice of professional engineering? If so, name the court, the details of the offense and the date of conviction and the sentence imposed.

YES      NO

2. Have you ever lost or been denied registration/licensure as a professional engineer or disciplined by another licensing board in any other state or jurisdiction and if so, an explanation of the circumstances?

YES      NO

If the answer is yes to any of the above questions, submit a written explanation with your application



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3. References of Character and Qualifications

Applicant will give the names, complete addresses, occupation and business relationship with applicant of 3 references from licensed professional engineers as defined by RSA 310A:2. Please send the enclosed reference form to our references listed below.

Name	Address including zip code	Occupation/License	Business Relationship to Applicant



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**4. N H BOARD OF PROFESSIONAL ENGINEERS**  
**CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITY LOG**

Complete the continuing professional development activity log and include it with your completed reinstatement application. An applicant may bring an inactive status by obtaining 30 professional development hour units. Proof of compliance must be retained for 4 years pursuant to Administrative Rule Eng. 403.07 (c) for random audit verification. Incomplete activity logs will result in return of your reinstatement and delay in processing of the reinstatement of your license. Add additional log sheets if necessary.

<u>LICENSE, EXPIRATION DATE</u>		NAME:	
From:	To:	PE LICENSE NO:	
Date(s) or Date Range	Nature of Activity and Sponsoring Organization	PDT-I's for this Activity	
		Cumulative	



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			4

Include additional pages if necessary

### 5. Affidavits

#### RULES OF PROFESSIONAL CONDUCT

I certify to the best of my understanding, knowledge and belief that I have adhered to and agree to abide by the ethical and professional standards of New Hampshire Code of Administrative Rules Eng 500; and



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## CONTINUING PROFESSIONAL DEVELOPMENT

I attest that the information contained in this form and the above continuing professional development activity log is true and correct to the best of my knowledge and belief and complies with the minimum of 30 professional development hours of approved professional development hours required by Eng 403.04. I further acknowledge that the provision of false information in the application is a basis for disciplinary action by the board:

**SIGN HERE**

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ADDRESS ALL COMMUNICATIONS TO:

**NH OPLC - ENGINEERS BOARD**

**7 EAGLE SQUARE**

**CONCORD, NH 03301**

Find us online at: <https://www.oplc.nh.gov/board-professional-engineers>



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Dear Sir/Madam:

An individual has applied to this Board for reinstatement of their license in the State of New Hampshire as a Professional Engineer and either has given your name as a reference or has stated that he/she has worked for you or with you. The Board will appreciate your sending the information requested on the reverse hereof, and assures you that such information as you give will be treated in the strictest confidence.

The Board is required by law to obtain evidence of the good character of the applicant and his/her qualifications as a Professional Engineer before issuing a certificate of licensure. Statements made on this form by responsible persons with actual knowledge of the applicant's character and qualifications will be considered by the Board as evidence and filed with the application.

The Board urges that evidence submitted on this form not be perfunctory, but be considered carefully. The Board, in making decisions, must rely to a great extent on the evidence submitted by references. Since these decisions may affect the life, health, property and welfare of the public, you have a grave responsibility to provide the Board with a fair and honest appraisal of the applicant.

Since the Board cannot reinstate the license of the applicant until the references are returned, a prompt reply will expedite consideration of the applicant's request for reinstatement. Please make sure that you enter the licensee's name on the reference form.

Very truly yours,

Christine Horne  
Senior Board Administrator



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Re: Application of \_\_\_\_\_

(NAME IS REQUIRED)

**THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY**

1. What is your full name:

\_\_\_\_\_

(To be typewritten or printed)

2. What is your address:

\_\_\_\_\_

(Street and number)

(City or Town)

(Zip)

3. What is your present business or profession?

\_\_\_\_\_

\_\_\_\_\_

4. Are you a licensed Engineer? \_\_\_\_\_ What State? \_\_\_\_\_ License # \_\_\_\_\_

5. How long have you known the applicant? From \_\_\_\_\_ To \_\_\_\_\_

6. Are you in any way related to the applicant? \_\_\_\_\_

7. What has been your business connection with the applicant?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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8. Do you know anything reflecting adversely on the integrity or general good character of the applicant?

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9. Please give a brief estimate of the applicant as an engineer

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10. Would you employ the applicant in a position of trust?

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11. If the applicant is connected with a firm, please provide its name and address.

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12. Is the applicant qualified to be placed in responsible charge of design or supervision of work?





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13. If the applicant is in individual practice, please indicate the nature of such practice.

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14. Do you recommend the application for licensure as a Professional Engineer?

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15. In my opinion the applicant has years of engineering experience \_\_\_\_\_

16. Remarks concerning the applicant

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I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire as a Professional Engineer.

Date: \_\_\_\_\_ Written Signature \_\_\_\_\_