



STATE OF NEW HAMPSHIRE
APPLICATION FOR TEMPORARY PERMIT
FOR PROFESSIONAL ENGINEERING

APPLICATION FEE: \$300.00

Make Check Payable to "Treasurer, State of NH (Non-Refundable)
The Application Must be filled out completely and be legible.
Temporary permits shall be granted if the Board determines that the applicant
meets or exceeds the requirements of ENG 303.01, 303.02 and 304.01.

1. General Information

Name _____
Last First Middle

Names Previously Used (if applicable) _____ SS# _____

Present Position (Organization & Title) _____

Business Address _____ ()
zip code

Business Phone _____ Home Phone _____

Project Title _____ Location _____

Brief Description of Project _____

Place of Birth _____ Date _____

2. Registration/Licensure Information

Have you ever been certified as an Engineer-In-Training? _____

If so, indicate State, Certificate #, Date of Certification: _____

Total number of hours of written examination/s (indicate "none" if no written exam was taken): _____

State in which first registered or licensed as a Professional Engineer _____

Licensed by NCEES Examination? _____ If not how? _____

If so, location, date and grade awarded: _____

Date of Licensure _____ License Number _____ Is License now in force? _____

If not in force, indicate why _____

Have you ever applied for engineering licensure in New Hampshire? _____ Status _____

Professional Licenses: List all states where you hold or have held licensure. Use a separate sheet if necessary. Verification of current registration is needed from at least one state as well as verification from the state(s) where examination(s) was administered. A form will be provided upon receipt of this application packet.

License #	State	Year Licensed	Hours Written Examination	Reciprocity or Grandfather	Active or Lapsed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. General Information Questions

CHECK ONE:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you ever been convicted of any felony or any misdemeanor, or a violation 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever lost or been denied registration/licensure as a professional engineer or disciplined by another licensing board in any other state and if so, an explanation of the circumstances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any License ever been revoked, if so why? | <input type="checkbox"/> | <input type="checkbox"/> |

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

4. Membership in Professional or Scientific Associations

Name of Organization	Location	Grade or Membership	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Professional Experience

This information described below must be in detail, and should start with your first engagement. Use this page as a summary and place detailed information pertaining to Education and Experience on enclosed supplemental experience record sheet. Please key additional sheets.

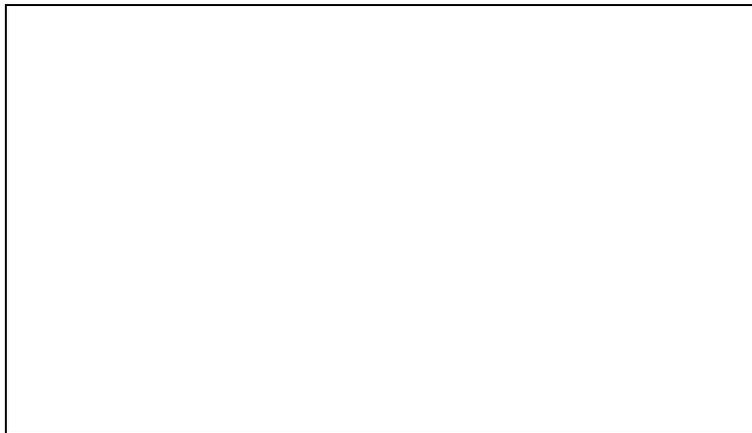
Key	Date		1. Name of Employer-Title of Position 2. Location and Character of Each Engagement 3. Degree of Responsibility	Name and present address of someone familiar with each engagement, preferably person to whom applicant reported or with whom he/she was associated.
	From	To		
	19	20		

8. Affidavits

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the temporary permit, as applied for, but also to the retention of said permit, if issued.

(Signature of Applicant)

Please place a sample of the seal below, that you intend to use on your plans. This stamp must be the one indicated in the temporary permit information.



AFFIX PE SEAL IN BOX ABOVE

ADDRESS ALL COMMUNICATIONS TO:

NH OPLC – TECHNICAL DIVISION
121 S FRUIT ST, SUITE 201
CONCORD, N.H. 03301

Find us on the world wide web at www.oplc.nh.gov/engineers/index.htm

10/17/16

No. _____

SUPPLEMENTARY EXPERIENCE RECORD IN DETAIL

Affix your signature and date to this and each additional sheet. Add additional sheets as required. Use plain white pages and number consecutively. Type on one side only. Number each engineering engagement to correspond with the engagement key of your application.

In a chronological order, starting with your **first engineering engagement**, list and identify your engineering projects and/or assignments. Be specific in identifying the portion of the work you personally engineered. Note the calculations you performed, identify the project by job title, name of client, location of project, total cost and cost of the portion you engineered. In describing the projects when applicable list such things as capacities, sizes, ratings, list of equipment size and/or specified, or other suitable identifying means, note success or failure of each project.

In describing your experience avoid using such terms as: involved with, responsible for, participated in, taken part/assisted in, coordinated, coordination of, in charge of, concerned with, was assigned or other similar forms: do use designed, I calculated, I analyzed, I recommended, I evaluated, etc.

After you have prepared your first draft, read it critically. Does it show a reviewer, who is not familiar with you or your job the degree of Engineering expertise you applied and verify time-wise the Engineering experience claimed in your application.

Read instructions carefully. The Supplementary Experience Record is a most important part of your application.

Signature _____ **Date** _____
(ALSO SIGN AND DATE EACH ADDITIONAL SHEET)

REQUEST FOR VERIFICATION OF LICENSURE OR EXAMINATION

PART A. Candidate Information – To be completed by the Candidate

Applicant Name:	Date of Birth:
Address:	
City	State
Zip	

PART B. To be completed by verifying Board and returned directly to:

NH OPLC – Technical Division, 121 South Fruit St, Suite 201, Concord, NH 03301 Phone: (603-271-2219)

I. THE ABOVE NAMED PERSON WAS LICENSED AS:	Certificate Number	Date Issued	Valid Until
<input type="checkbox"/> PROFESSIONAL ENGINEER			
<input type="checkbox"/> ENGINEER-IN-TRAINING			
<input type="checkbox"/> LAND SURVEYOR			
<input type="checkbox"/> SURVEYOR-IN-TRAINING			

II. MINIMUM REQUIREMENTS WERE:

1. Written Exam

	Hours	Results	NCEES (yes/no)	Exam Date
Principles and Practice of Engineering				
Fundamentals of Engineering				
Principles and Practice of Land Surveying				
Fundamentals of Land Surveying				

Exam Option: (Discipline)

2. EIT or LSIT Accepted from:

3. Oral Examination: Hours PE Hours LS

4. Comity with:

5. Education and Experience:

6. Other:

III. QUESTIONS

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has any disciplinary action ever been taken against the applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. If so, has the disciplinary case been satisfied to the Board's requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Was the NCEES Cut-Score Used? If no please explain below: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

State:

By:

Title:

Date:

Mandatory Board Seal

Credit Card Sheets are not accepted via e-mail.

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Fax: 603-271-7928

This page will be destroyed after the transaction has taken place.

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard (required)			
Card Number			(required)
Expiration Date:	Month:	Year:	(required)
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

THE STATE OF NEW HAMPSHIRE
BOARD OF LICENSURE FOR
PROFESSIONAL ENGINEERS
121 SOUTH FRUIT STREET, SUITE 201
CONCORD, NEW HAMPSHIRE 03301

Dear Sir/Madam:

An individual has applied to this Board for licensure 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 license the applicant until the references are returned, a prompt reply will expedite consideration of the applicant's request for licensure. Please make certain that you enter the applicant's name on the reference form.

Very truly yours,



Donna Lobdell
Program Specialist III

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)
3. What is your present business or profession? _____
4. Are you a licensed Engineer? _____ In 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? _____

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

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

10. Would you employ the applicant in a position of trust? _____
11. If the applicant is connected with a firm, please provide its name and address.

12. Is the applicant qualified to be placed in responsible charge of design or supervision of work? _____
13. If the applicant is in individual practice, please indicate the nature of such practice _____
14. Do you recommend the applicant for licensure as a Professional Engineer? _____
15. In my opinion the applicant has _____ years of engineering experience.
16. Remarks concerning the applicant _____

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 _____