

STATE OF NEW MEXICO
BOARD OF LICENSURE FOR
PROFESSIONAL ENGINEERS AND PROFESSIONAL SURVEYORS

ENGINEERING INTERN CERTIFICATION OR TRANSFER APPLICATION

IMPORTANT - Do not fill in until you read and understand this form. This form must be filled in completely. The applications shall be accompanied by the proper filing fee. Mail Application and check or money order to the address on the last page of the application form.

Make Check or Money Order payable to: **NM PE/PS BOARD**

NOTE: When you provide a check as payment, you authorize the State of New Mexico to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

For Office Use Only

Date Received: _____

Check
 Money Order

Amount: \$ _____

Receipt # _____

1. GENERAL INFORMATION

Legal Name _____ Social Security Number _____
Mr. Ms. (please check one)

(Please provide Alias or Maiden Name if transcripts or other documents are recorded as such.)

Mailing Address _____ City: _____ State: _____ Zip: _____

Present Position (your title and firm name) _____

Complete Business Address _____ City: _____ State: _____ Zip: _____

Telephone number where you may be reached between 8 am and 5 pm _____

Fax number _____ Email Address _____

Birthplace _____ Date of Birth _____ Citizenship _____

Application is hereby made for: Certification by FE Exam \$ 25.00
 Transfer of EI Certification \$ 25.00

(Please check only one)

2. EDUCATION

Give in chronological order the name and location of each college or university attended, the time spent in each and the degree received and date graduated. An official transcript of your college record must be sent to the Board by the school before the application will be considered.

Name and Location of School	From Date to Date	Major	Degree Received	Date Graduated
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. EXAM INFORMATION –

Name of State _____ Date of Exam _____ NCEES ID No. (FOR CBT EXAMINEE APPLICANTS) _____

Have you ever applied in NM? _____ Type of application _____ Date _____

4. PREVIOUS CERTIFICATION

Name of State	Year Certified	How Certified: written or oral exam (give number of hours), reciprocity, experience, etc.	E.I. Certification No.
Have you ever applied in NM?		Type of application	Date

5. POST-BACCALAUREATE ENGINEERING EXPERIENCE RECORD*

FOR ENGINEERING TECHNOLOGY DEGREE APPLICANTS ONLY-
POST-BACCALAUREATE ENGINEERING EXPERIENCE MUST BE TYPED ON THESE FORMS.
 RESUMES WILL NOT BE ACCEPTED IN LIEU OF THIS FORM.

**If there is discontinuity in your engineering experience, please explain.*

WORK EXPERIENCE AND TITLE OF EACH POSITION

Start a new engagement with each significant change in assignment or responsibility, (Instrument-man, Inspector, Asst. Engr., GS-10, etc.) List engagements chronologically from present to past. Use extra sheets if necessary.

EMPLOYER NAME, SUPERVISOR NAME, TITLE AND ADDRESS of professional engineer familiar with each engagement, preferably your immediate supervisor.

Resumes in lieu of this form are not accepted.

Employer Name			
Employer Address			
Supervisor			
Employment Dates	Beginning Date:		End Date:
Duration (Years, Months)		Part Time/Full Time	
Title			

Work Experience Description (Give concise explicit statement, including magnitude and complexity of work, your duties and degree of responsibility.)

5. POST-BACCALAUREATE ENGINEERING EXPERIENCE RECORD*

FOR ENGINEERING TECHNOLOGY DEGREE APPLICANTS ONLY-

POST-BACCALAUREATE ENGINEERING EXPERIENCE MUST BE TYPED ON THESE FORMS.

RESUMES WILL NOT BE ACCEPTED IN LIEU OF THIS FORM. (***COPY FORM FOR ADDITIONAL SPACE.***)

**If there is discontinuity in your engineering experience, please explain.*

Employer Name			
Employer Address			
Supervisor			
Employment Dates	Beginning Date:		End Date:
Duration (Years, Months)		Part Time/Full Time	
Title			

Work Experience Description (*Give concise explicit statement, including magnitude and complexity of work, your duties and degree of responsibility.*)

Employer Name			
Employer Address			
Supervisor			
Employment Dates	Beginning Date:		End Date:
Duration (Years, Months)		Part Time/Full Time	
Title			

Work Experience Description (*Give concise explicit statement, including magnitude and complexity of work, your duties and degree of responsibility.*)

6. REFERENCES

Give the name and addresses, including zip codes, of three persons, not members of the board, one of whom shall be a licensed engineer, who has personal knowledge of your character and experience and who will be receiving from you a reference form.

Name	Complete address with zip code	Position
1. _____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	_____	_____
3. _____	_____	_____
_____	_____	_____

7. AFFIDAVIT

Have you ever been convicted or entered a plea of nolo contendere to any crime under the laws of the United States, or any state, territory or county thereof, which is a felony, misdemeanor or otherwise, an essential element of which is moral turpitude, or have you been disciplined by any other licensing board? Yes No

If yes, provide complete and full detail on a separate sheet to include but not limited to: Name and location of court or licensing board administering disciplinary action, date and type of disciplinary action, i.e. fine, imprisonment, sanction, suspension of license, revocation of license, other type of disciplinary action.

STATE OF _____ (This area to be filled out by Notary)
 County of _____

I, _____, being first duly sworn, depose and say that I am the applicant named in this application, that I have read the contents thereof, and that, to the best of my knowledge and belief, the foregoing statements are true and correct in every respect.

Subscribed and sworn to me before me this _____ day of _____, _____, _____
_____ (Signature of Applicant)

My Commission expires _____, _____
_____ (Signature of Notary Public)

(SEAL)

Americans with Disabilities Act – No qualified individual with a disability shall, by reason of such disability, be excluded from participating in or be denied the benefits of the services, programs, or activities of the Board or be subjected to discrimination by this Board. To obtain further information please contact the Board office.

Mail application and fee to:
 State of New Mexico Board of Licensure for Professional Engineers & Professional Surveyors
 PO Box 25101, Santa Fe, NM 87504
 Phone: 505-476-4565

Website: www.sblpes.state.nm.us (Statutes and Rules are online.)