

STATE OF NEW MEXICO BOARD OF LICENSURE FOR
 PROFESSIONAL ENGINEERS AND PROFESSIONAL SURVEYORS
 PO Box 25101, Santa Fe, New Mexico 87504
 Phone: (505) 476-4565 / Website: www.sblpes.state.nm.us

For Office Use Only

Date Received: _____

Check # _____

MO # _____

Amount: \$ _____

Receipt # _____

**ENGINEERING APPLICATION FOR LICENSURE BY EXPEDITED ENDORSEMENT
 PURSUANT TO 61-23-14.1 D. (3) NMSA 1978**

IMPORTANT - Please read and understand this form prior to completing it. This form must be filled out completely. The applications shall be accompanied by the proper filing fee. Mail application and fee to the address above.

1. GENERAL INFORMATION

Legal Name _____ SSN _____
 Mr. Ms. First Name Middle Name (or Initial) Last Name

(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) _____

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

Business Phone Number _____ Cell Phone Number _____

Fax number _____ Email Address _____

Birthplace _____ Date of Birth _____ Citizenship _____

Select which engineering discipline you consider yourself best qualified _____

2. PREVIOUS LICENSURE

NCEES Council Record applicants: please check .

Name of State	Year Initially Licensed	Years Licensed	License No.

Have any of the licenses listed above been active for ten contiguous years immediately preceding application to New Mexico?

Yes No

NOTICE: 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.

\$200 Application Fee

PAYMENT METHOD: Check Money Order (Make Check or MO payable to **NMBLPEPS**)

This application and payment must be mailed. Faxes or emails will not be accepted.

3. MILITARY SERVICE

Are you currently serving in the armed forces of the United States or in an active reserve component? Yes No
Military Branch: _____ (Provide a copy of military orders establishing duty station.)

Have you previously served in the Military, as a veteran who has been honorably discharged or separated from military service within the 2 years immediately preceding the date applied for licensure? Yes No (Provide a copy of discharge papers.)

Are you a spouse of a military member who is currently serving in the armed forces of the United States or an active reserve component? Yes No (Provide a copy of military orders establishing duty station for spouse and a copy of marriage certificate.)

Pursuant to the New Mexico Administrative Code 16.39.6.8, documents to expedite licensure for military service members, spouses, and veterans require a completed application and fee, and satisfactory evidence that the applicant holds a license that is current and in good standing, issued by another jurisdiction, including a branch of armed forces of the United States, that has met the minimal licensing requirements that are substantially equivalent to the licensing requirements for the occupational or professional license the applicant applies for pursuant to Chapter 61, Article 23 NMSA 1978.

4. AFFIDAVIT

Have you ever been convicted, plead guilty, 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? Yes No

Have you ever been convicted, plead guilty, 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 misdemeanor or otherwise, an essential element of which is moral turpitude? Yes No

Within the last 5 years preceding the submission of an application to New Mexico have you been disciplined by any other licensing board? Yes No

Has your license been suspended or revoked at any time from any jurisdiction? Yes No

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

STATE OF _____

(This section to be completed by the Notary)

County of _____

I, (Applicant name) _____, 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. I further understand that my licensure history will be reviewed by the Board and that any information that is found to be false may lead to action including non-licensure, financial penalties and/or prosecution.

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, because 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.