

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

IMPORTANT - Do not fill in until you read and understand this form. This form must be filled completely. The applications shall be accompanied by the proper filing fee. Mail application and fee to the above address.

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) _____

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

Business Phone Number _____ Cell Phone Number _____

Fax number _____ Email Address _____

Birthplace _____ Date of Birth _____ Citizenship _____

Application is hereby made for: (Please check only one)

Principles & Practice of Engineering Exam Fee: \$150
 Licensure by Endorsement Fee: \$200
 Reinstatement of License Fee: \$200 _____

Indicate engineering discipline in which you consider yourself best qualified _____

2. EDUCATION

NCEES Council Record applicants: please check . You do not need to complete this section.

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

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. PREVIOUS LICENSURE

NCEES Council Record applicants: please check . You do not need to complete this section.

Name of State	Year Licensed/ EI Certified	How Licensed/ Certified: written or oral exam (give number of hours), reciprocity, long experience, etc.	E.I. and P.E.	Lic. No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you a NM Engineering Intern (EI)? _____ Cert. # _____ Date _____

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

4. POST-BACCALAUREATE ENGINEERING EXPERIENCE RECORD*

NCEES Council Record applicants: please check . You do not need to complete this section.

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.*

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.*)

4. POST- BACCALAUREATE ENGINEERING EXPERIENCE RECORD*

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

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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. REFERENCES

NCEES Council Record applicants: please check . You do not need to complete this section.

Give the name and addresses, including zip codes, of five persons, not members of the board, three or more of whom shall be registered engineers, who have personal knowledge of your character and experience and who will be receiving from you a reference form. (If applying for the EI, only three references are required, one of whom shall be a professional engineer.)

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

6. 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, misdemeanor or otherwise, an essential element of which is moral turpitude?

Yes No

Or have you been disciplined by any other licensing board? Yes No

If yes to either or both questions, 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 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.

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.