

STATE OF NEW MEXICO
BOARD OF LICENSURE FOR
PROFESSIONAL ENGINEERS AND PROFESSIONAL SURVEYORS
APPLICATION FOR ADDITIONAL ENGINEERING DISCIPLINE

****IMPORTANT****

DO NOT COMPLETE UNTIL YOU READ AND UNDERSTAND
ADMINISTRATIVE CODE 16 NMAC 39.3.8 ENGINEERING DISCIPLINES
THIS APPLICATION MUST BE ACCOMPANIED BY THE \$200 FILING FEE.

This form must be filled in completely and shall be typewritten.

GENERAL INFORMATION

License Number _____ Social Security Number _____

Legal Name _____

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 _____

Discipline and State in which PE examinations passed: _____ State: _____

Discipline you are applying for: _____

If you have more than three disciplines recorded with this office, list the disciplines you wish to replace: _____

EDUCATION

If you have received additional academic training, e.g. a graduate degree after your initial licensure and wish the Board to consider this education during its evaluation, complete this section and request that an official transcript be sent directly by the school to the Board.

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

REFERENCES

List the names and addresses of three (3) personal references, preferably PE's, **who can substantiate your claim of proficiency in the discipline for which you are applying** and provide each reference with one of the enclosed or web-obtained reference forms.

Name	Complete address with zip code	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXPERIENCE RECORD

EXPERIENCE MUST BE TYPED ON THESE FORMS. COPY FORM FOR ADDITIONAL SPACE.
RESUMES WILL NOT BE ACCEPTED IN LIEU OF THIS FORM.

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.)*

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.)*

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.)*

AFFIDAVIT

(This section to be completed by Applicant and Notary)

STATE OF _____

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 _____

(Signature of Applicant)

_____ day of _____, _____

My Commission expires _____

(Signature of Notary Public)

(SEAL)

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.

MAIL APPLICATION AND \$200 FEE TO:

NEW MEXICO BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS & PROFESSIONAL SURVEYORS
Toney Anaya Bldg. • 3rd Floor • P.O. Box 1967 • Santa Fe, NM 87504
Phone (505) 476-4565