



State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
Division of Design Professionals
1511 Pontiac Avenue, Bldg. 68-2
Cranston, Rhode Island 02920
Phone 401-462-9592 Fax 401-462-9532
www.bdp.ri.gov

RI State Board of Registration for
Professional Engineers

APPLICATION FOR CERTIFICATION AS AN ENGINEER-IN-TRAINING (EIT)

RIGL §5-8-11(2) GENERAL REQUIREMENTS FOR CERTIFICATION AS AN ENGINEER-IN-TRAINING

(2)(i) GRADUATION AND EXAMINATION

A graduate of an ABET-EAC accredited engineering curriculum of four years or more who has passed the Board's eight hour written examination in the fundamentals of engineering shall be certified or enrolled as an engineer-in-training, if he or she is qualified.

(2)(ii) GRADUATION FROM A NON-ACCREDITED PROGRAM AND EXAMINATION

A graduate of a non-accredited engineering curriculum of four years or more who has passed the Board's eight hour written examination in the fundamentals of engineering and has obtained two years of engineering experience of a grade and character approved by the board shall be certified and enrolled as an engineer-in-training, if he or she is qualified.

Check one classification:

- Graduation from an ABET-EAC accredited engineering curriculum of four years or more and examination RIGL §5-8-11(2)(i)
- Graduation from a non-accredited engineering curriculum of four years or more, examination and additional experience RIGL §5-8-11(2)(ii)

INSTRUCTIONS:

Complete checklist prior to sending in your application package:

- _____ Application completed in full
- _____ *Educational Transcript in a sealed envelope from the institution, or mailed directly to the PE Board, refer to pg. 2
- _____ Verification Certification Form (Comity only) in a sealed envelope from the state board, or mailed directly to the PE Board, pg. 5
- _____ Tax Status / Identity Verification Form, pg. 6
- _____ Comity (EIT held in any state other state except Rhode Island) requires a \$65.00 fee payable to the RI General Treasurer (EIT by Rhode Island exam has no fee.)

***Please request an official transcript from attending college or university, and it must be provided to the PE Board in a sealed envelope, or mailed directly from institution, to the address above.**

GENERAL INFORMATION:

Name in full: _____ Email: _____

DOB: _____ Social Security #: _____

Home address: _____

Home phone: _____ Cell phone: _____

Business name, address & phone: _____

EDUCATION:

Please Note: **FOREIGN INSTITUTIONS APPLICANTS** must have his/her education evaluated as of September 5, 2006, through the NCEES Credentials Evaluations: Website: www.ncees.org Telephone: 1 (800) 250-3196.

CHECK ONE BOX:

- Graduate of an ABET-EAC accredited engineering program with a 4-year or more degree in: _____
- Graduate of a non-accredited 4-year or more engineering program with a degree in: _____
- Graduate of a Foreign Institution

I hereby certify, under the pains and penalties of perjury, that the foregoing is true and correct in every respect.

Name of Applicant: _____
Please Print

Signature: _____ Date: _____

***Please request an official transcript from attending college or university, and it must be provided to the PE Board in a sealed envelope, or mailed directly from institution, to the address above.**

REFERENCES:

General References: List three people, who can be used as character references, not less than one who is a registered professional engineer.

- | | | |
|----------|--------------|-------------------|
| 1. _____ | Phone: _____ | Occupation: _____ |
| 2. _____ | Phone: _____ | Occupation: _____ |
| 3. _____ | Phone: _____ | Occupation: _____ |

PROFESSIONAL EXPERIENCE:

1. Begin with your present position.
2. List "from and to" dates in years and months.
3. Fill in title of position, company name and a detailed description of duties and responsibilities, not projects.
4. If this description does not fit in the block provided on the application, an attachment must be submitted accordingly.
5. Complete non-engineering experience columns in years and months.
6. Complete engineering experience columns in years and months (if applicable).
7. Indicate the name and address of immediate supervisor or professional engineer to whom you directly reported.



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EXPERIENCE:

Applicant must complete all sections and attach additional pages if necessary.

DATE:		TITLE OF POSITION, COMPANY NAME, AND DESCRIPTION OF EXPERIENCE:	TIME: In years and months (See previous page for instructions on entering time.)				Name and Address of someone familiar with each engagement: (Preferably the person to whom applicant reported.)
FROM:	TO:		Engineering Experience		Non-Engineering Experience		
		Summary (Actual Time) Total					



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EXAMINATIONS

Please list each and every time that you have taken the **FUNDAMENTALS OF ENGINEERING** examination:

EXAM	DATE	STATE	RESULTS: PASS or FAIL

Please complete the following:

I have taken the Fundamentals of Engineering Exam a total of _____ times.

I am the applicant named in this application and certify under the pains and penalties of perjury that the foregoing is true and correct in every respect.

Name of Applicant: _____
Print Name

Signature: _____

Date: _____



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COMITY VERIFICATION OF EIT CERTIFICATION

Applicant's Name: _____ Address: _____

Phone: _____ Email Address: _____

D.O.B. _____ Social Security Number: _____

***IF TAKEN IN ANY OTHER STATE, PLEASE FORWARD THIS FORM TO THE APPROPRIATE STATE LICENSING BOARD FOR COMPLETION.
 Some State's require pre-payment to complete this form, please contact the applicable State Board prior to sending.

State Board: _____ Contact: _____
 Print Name

Address: _____ Phone: _____

THE ABOVE NAMED PERSON WAS REGISTERED AS:

Certificate number:	Date issued:	Valid Until:
Engineer in Training: _____	_____	_____

QUESTIONS:

	<u>Yes</u>	<u>No</u>
Has any disciplinary action ever been taken against the applicant?	_____	_____

If yes, give details. _____

Authorized Signature: _____ Title: _____

Email Address: _____ Date: _____



Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number or Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

LICENSEE DECLARATION

PLEASE CHECK ONE BOX BELOW OR APPLICATION WILL BE CONSIDERED INCOMPLETE

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy. (Case # _____)

Type of License you're applying for:

Full Name (Please Print):

Social Security Number:

Signature:

Date: