



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

**RHODE ISLAND STATE BOARD OF
REGISTRATION FOR PROFESSIONAL ENGINEERS**

APPLICATION FOR REGISTRATION TO PRACTICE PROFESSIONAL ENGINEERING BY EXAMINATION

Current minimum requirements for PE licensure in Rhode Island are:

- An ABET-EAC accredited Bachelor's in Science engineering degree (or an acceptable equivalent) (or a graduate degree in an engineering curriculum that is ABET-EAC accredited at the undergraduate level **COUPLED WITH** either a non-ABET BS degree in engineering, a BS degree in engineering technology, or a BS degree in a related science).
- ***If your only degree is an engineering technology degree, you are not eligible for PE licensure in Rhode Island and you should not submit an application. This is a state law which neither the Board staff nor Board members may waive.
- Passing of the NCEES examination in the fundamentals of engineering (or twelve (12) years or more of active engineering practice under the oversight of a professional engineer, licensed in the discipline for which the applicant is applying, and indicating experience of a grade and character, satisfactory to the Board).
- Four (4) years of qualifying engineering experience from date of graduation up to the date of exam.

APPLICATION DEADLINES FOR PAPER AND PENCIL EXAMS:

~January 1st for April Examination

~August 1st for October Examination

Please note:

Applications received after the above referenced deadlines, will be considered for the next test administration. No waivers will be granted.

APPLICATIONS WILL REMAIN "PENDING" UNTIL ALL REQUIREMENTS ARE MET.

Instructions for each section are provided under each heading of this application. Read all instructions carefully before completing the application.

All required documentation must be submitted with the application and a fee of **\$100.00** payable to the:

General Treasurer, State of RI.

Complete checklist prior to sending in your application package:

- _____ Application completed in full.
- _____ *An official transcript from attending college or university in a sealed envelope or mailed by the institution directly to the PE Board.
- _____ Verification of FE exam, if taken in any other state.
- _____ Completed Experience Verification Form(s) in a sealed envelope bearing the verifier's signature across the envelope seal.
- _____ Completed Character Reference Form(s) in a sealed envelope bearing the verifier's signature across the envelope seal.
- _____ Tax Payer Status Affidavit/ Identity Verification Form.
- _____ Check made payable to the: General Treasurer, State of RI for \$100.00.

GENERAL INFORMATION:

Date: _____ DOB: _____ Social Security #: _____

Name in full: _____ Email: _____

Home address: _____

Phone: _____ Cell number: _____

State of Legal Residence: _____

Have you ever filed an application with this State Board? _____ If yes, type of application _____ When _____

Have you been convicted of a felony or pleaded "Nolo Contendere" to a criminal charge? _____

Have you been denied registration in any state? _____ What state and why? _____

EDUCATION:***Please request an official transcript from attending college or university. It must be provided to the PE Board in a sealed envelope or mailed directly from institution to: 1511 Pontiac Avenue, Bldg. 68-2, Cranston, Rhode Island 02920.**

As of September 5, 2006, for any degree from a foreign institution, the applicant must have his/her education evaluated through the NCEES Credentials Evaluations Service, 280 Seneca Creek Seneca, CA 29678. <http://ncees.org/credentials-evaluations/>
 Phone: 800-250-3196 / Fax: 864-654-6824. *Please note:* the RI State Board of Registration for Professional Engineers will only accept those evaluations dated from September 4, 2004 - September 4, 2006 from the Engineering Credentials Evaluations International (ECEI).
 Do not submit an application until you have received the result of NCEES's evaluation.

TEST MODULE:Please check below, **one** afternoon module, you wish to take:

_____ Agricultural & Biological	Electrical & Computer _____ Electronics, Controls & Communications _____ Power	_____ Mining & Mineral Processing
_____ Architectural	_____ Environmental	_____ Naval Architecture & Marine
_____ Chemical	_____ Fire Protection	_____ Nuclear
Civil _____ Construction _____ Geotechnical _____ Structural _____ Transportation _____ Water Resources	_____ Industrial & Systems Mechanical _____ HVAC & Refrigeration _____ Machine Design & Materials _____ Thermal & Fluids	_____ Petroleum
_____ Control Systems	_____ Metallurgical & Materials	_____ Structural (16 hours) 8 hours Vertical Forces 8 hours Lateral Forces

EXPERIENCE RECORD:

A minimum of four (4) years of qualifying engineering experience from date of graduation to the date of exam. *If your four (4) years of experience occurs before the exam date, but after the deadline, you will be required to provide verification of that time before your license will be issued.*

Experience requirements are established by state law and cannot be waived by the Board staff or Board members.

From	To:	Title of Position, Name and Address of Employer	Name and contact for Supervising PE

If additional room is needed, please submit on additional sheet(s) of paper.

EXPERIENCE VERIFICATION FORM:

Your experience must be verified by the Professional Engineer(s) who supervised your work. If you did not work directly for a PE, list the person to whom you reported directly and the next person up the chain of command who is a PE.

- Make as many copies of the Experience Verification form as are necessary to verify the required amount of qualifying engineering experience. This form should be completed only by supervising Professional Engineers. It is recommended to begin with the most recent experience and work backward in time until a minimum of 4 years of experience is verified. *If your four (4) years of experience occurs before the exam date, but after the deadline, you will be required to provide an Experience Verification Form for that period of time before your license can be issued.*
- Fill out page one (1) and the top of page two (2) of the Experience Verification form. Mail these to your experience verifier(s), with a stamped business size envelope address to: Board of Registration for Professional Engineers, 1511 Pontiac Avenue, Bldg. 68-2, Cranston, RI 02920. Forms can also be emailed directly from your experience verifier(s) to: virginia.porter@dbr.ri.gov. Experience Verification forms received by mail must be sealed and have the verifier's signature across the envelope seal.
- An Experience Verification form must be received for each place of employment listed in your employment record.

REFERENCES:

Provide the name and address of five (5) references, **not relatives, not listed as experience verifiers, and not RI PE Board members**. At least three (3) of the references must be registered Professional Engineers (registered in any US jurisdiction) who have personal knowledge of your character, professional reputation and accomplishments.

References are required by a state law which neither the Board staff nor Board members may waive.

Name	Contact Information (phone, email, or address)	Please state license # and State for PE's

CHARACTER REFERENCE FORM:

- Make as many copies of the Character Reference form as are necessary to meet the required 5, three of whom must be PE's.
- Fill out page one (1) and the top of page two (2).
- Provide each of your references a Character Reference Form and a stamped business size envelope addressed to: Board of Registration for Professional Engineers, 1511 Pontiac Avenue, Bldg. 68-2, Cranston, RI 02920. Forms can also be emailed directly from your reference to: virginia.porter@dbr.ri.gov. Character Reference forms received by mail must be sealed and have signature across the envelope seal.
- Character Reference Forms must match your list of references.

It is preferable for you to submit your Experience Verification Form(s) and your Character Reference Forms along with your application in one large submission. However, these forms MUST be in separate envelopes bearing the appropriate signatures across the envelope seal.

EXAMINATIONS

Please list each and every time that you have taken **THE FUNDAMENTALS OF ENGINEERING** Examination and **THE PRINCIPLES & PRACTICE (PE)** Examination. For any exam taken in another state, you must provide verification with the Request for Exam/License Verification Form located at the end of this application.

Exam	Date	State	Results: Pass or Fail

If additional room is needed, please submit on an additional sheet(s) of paper.

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: _____



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 and 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.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, State Board of Registration for professional Engineers, 1511 Pontiac Avenue, Building 68-2, Cranston, RI 02920.

Licensee Declaration

- ☐ 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 Professional License for which you are applying

Full Name (Please Print or Type)

Social Security Number
(or FEIN if appropriate)

Signature

Phone Number
(including area code if not 401)

Date



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

**RHODE ISLAND STATE BOARD
OF REGISTRATION FOR PROFESSIONAL ENGINEERS**

Character Reference Form

RE: _____
(Name of Applicant)

Dear Sir/Madam:

The individual whose name is given above has applied to this Board for licensure to practice Professional Engineering in the State of Rhode Island and has either given your name as a reference or has stated that he/she worked for or with you. We therefore request your assistance in filling out this form with sincere and conscientious consideration of the need for accurate data and for objective appraisal of the applicant's ability and/or potential to practice Engineering.

The applicant has been instructed to provide a stamped addressed envelope. Please seal the envelope and sign your name across the envelope seal.

Very truly yours,
**Board of Registration
for Professional Engineers**



State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 68-2
Cranston, Rhode Island 02920

Division of
Building, Design and Fire Professionals

GENERAL REFERENCE FORM

Please return this form directly to the applicant in a sealed envelope or email to: virginia.porter@dbr.ri.gov

TO:		<u>APPLICANT'S NAME & ADDRESS</u>
Name:		
ADDRESS:		
Phone or email		

The above listed individual has filed an application for a certificate of qualification as a Professional Engineer with this Board. Please complete the information requested below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information furnished by references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

1. Are you a licensed Professional Engineer? Yes: _____ State: _____ License # _____
No: _____
2. I know this applicant (circle one)
 - a. Very Well
 - b. Well
 - c. Slightly
 - d. Not at all
3. My contact with the applicant was from _____ to _____
4. What is your opinion of the applicant's personal integrity and character?

Signature: _____

Engineers, please place seal here:

--



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

**RHODE ISLAND STATE BOARD
OF REGISTRATION FOR PROFESSIONAL ENGINEERS**

EXPERIENCE VERIFICATION FORM

(To be completed and returned directly to the Board)

Name and Address of PE Supervisor

Name and Address of Applicant

I have filed my application with the Rhode Island Board of Registration for Professional Engineers to practice professional engineering in the State of Rhode Island. I have listed your name as my Engineering Supervisor for the engagement period shown.

I will appreciate your sending the information requested on the reverse side directly to the Board in the stamped addressed envelope which I have provided.

Signature of Applicant

Board Statement to PE Supervisor:

This Board is required by law to ascertain that the applicant has met the experience requirement sections of the Licensure Law: therefore, we need this experience verification form completed, signed, sealed, and returned by you. We cannot consider an applicant for licensure or admit a candidate for examination until replies are received from PE supervisors. A prompt reply will expedite our handling of the applicant's request for licensure.

Qualifying Experience:

Experience must follow graduation, be progressive and of increasing standard of quality and responsibility. Experience must be gained by working under the supervision of a licensed Professional Engineer. If the experience was not obtained under the direct supervision of a licensed Professional Engineer, then the indirect supervision should be explained with clarification of the degree of supervision received.

TO BE COMPLETED BY APPLICANT:

Applicant's Name: _____

Name of PE Supervisor: _____

Engineering experience to be verified for _____ (name of name of Firm)

Title of Position: _____

Dates of supervision from _____ to _____

TO BE COMPLETED BY SUPERVISOR:

1. Do you concur with the above applicant's title and time? _____ Yes _____ No
2. My contact with the applicant was from _____ to _____
3. Did you have review and approval authority over the applicant's engineering work? _____. Please explain your relationship with the applicant:

4. Please describe the applicant's duties & responsibilities in obtaining this experience (continue on additional sheet if needed).

5. Based on the Board's definitions of qualifying experience, _____ I do; _____ I do not recommend the applicant for licensure as a Professional Engineer.
6. Comments on applicant's qualifications to become a licensed Professional Engineer:

I certify that the above statements are correct to the best of my knowledge.

Engineers, please place stamp/seal here

Signature: _____

Date, State(s) of Licensure, & License #(s)

--



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

**RHODE ISLAND STATE BOARD
OF REGISTRATION FOR PROFESSIONAL ENGINEERS**

Request for Exam/License Verification Form

Applicant requesting status of registration/license/examination: (to be filled out by applicant)

Name:	Type of License/Registration
Street Address:	License/Registration #
City, State, Zip	Last four digits of SS#:
Date of Birth:	

Status of applicant's Certificate/Registration/License: (to be filled out by jurisdiction)

Record	Certificate #	Date Issued	Expiration	Disciplinary Actions
Engineer in Training EIT				Yes _____ No _____
Professional Engineer PE				Yes _____ No _____
Other				Yes _____ No _____

Disciplinary Actions: _____

Applicant's Examination Record: (to be filled out by jurisdiction)

Exam	Hours	Result	Date	NCEES Exam	Discipline
FE					
PE					
Other					

Remarks: _____

Processing Instructions

Return completed form to:	Attested by:	Board Seal:
RI Board of Registration for Professional Engineers 1511 Pontiac Ave. Bldg 68-2 Cranston, RI 02908 or scan and email to: virginia.porter@dbr.ri.gov	:	
	Name:	
	Title:	
	Signature:	
	Date:	