

**ARKANSAS STATE BOARD OF REGISTRATION FOR  
PROFESSIONAL ENGINEERS AND LAND SURVEYORS**  
P.O. Box 3750  
Little Rock, Arkansas 72203  
www.arkansas.gov/pels  
Phone (501) 682-2824  
Fax (501) 682-2827

Date Received Application: \_\_\_\_\_  
 \_\_\_\_\_  
 Check: \_\_\_\_\_  
 \_\_\_\_\_

**APPLICATION FOR REGISTRATION  
AS AN ENGINEER INTERN**

**GENERAL INFORMATION**

Name in full \_\_\_\_\_  
 If you have ever used another name list it here \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Telephone (H) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Telephone (O) \_\_\_\_\_ Ext. \_\_\_\_\_  
 Employer \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Preferred Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Is this your work address? \_\_\_\_\_  
 Present Position \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Are you a U.S. citizen? \_\_\_\_\_ If not, where? \_\_\_\_\_  
 Have you taken the Fundamentals of Engineering (FE) exam previously?  
 Yes  No  Where? \_\_\_\_\_ When? \_\_\_\_\_

Date \_\_\_\_\_

Please tape sides down

**Attach Recent Photograph  
With Face Not Less  
Then 3/4" Wide**

Photo taken on \_\_\_\_\_ mo/yr

**EDUCATION**

Graduated from \_\_\_\_\_ High School on \_\_\_\_\_ (m/year).

**COLLEGE EDUCATION**

INSTITUTION ATTENDED		PERIOD OF ATTENDANCE			DATE	DEGREE
NAME	LOCATION	FROM	TO	YEARS	MAJOR GRADUATED	RECEIVED

## REFERENCES

Give the names of 3 references, **not relatives and not members of this Board**. Two must be current licensed professional engineers who are familiar with your work.

Name, Title	Mailing Address—Street and Number	City	State	Zip Code

## MEMBERSHIP IN SOCIETIES, ASSOCIATIONS, OR INSTITUTIONS (Professional or Scientific)

Name of Organization	Location	Grade of Membership	Date of Entrance

I do hereby certify that I have read the Rules and Regulations of the Board, the Rules of Professional Conduct, and by submitting this application agree to be bound by the Acts of Arkansas, the Rules and Regulations of the Board, the Rules of Professional Conduct and that a violation of any of the above could be the basis for revocation of my license.

\_\_\_\_\_  
Signature of Applicant

## AFFIDAVIT

(To be attested before a Notary Public or other officer authorized to administer oaths)

State of \_\_\_\_\_

County of \_\_\_\_\_

On the day of \_\_\_\_\_, 20\_\_\_\_, before the undersigned, a Notary Public, in and for the County and State

Aforesaid, came \_\_\_\_\_

a resident of \_\_\_\_\_, County and State of \_\_\_\_\_, known to me as the person herein described and subscribing hereto, as having signed the form of application attached hereto, and on oath deposes and says that the statements made are true.

Signature of Affiant \_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

## ENDORSEMENT

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title or Position)

of the \_\_\_\_\_ herby certify that I have examined the foregoing record which to the best  
EMPLOYER OR SUPERVISOR

of my knowledge and belief is correct and recommend that the applicant named herein be approved for examination as an Engineer Intern.

\_\_\_\_\_  
EMPLOYER OR SUPERVISOR SIGNATURE



**ARKANSAS  
STATE BOARD OF REGISTRATION  
FOR PROFESSIONAL ENGINEERS**

**P.O. BOX 3750  
LITTLE ROCK, ARKANSAS 72203**

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Phone (501) 682-2824  
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Office of Registrar: \_\_\_\_\_ (College Name)

Applicant's (first, middle and last) Name: \_\_\_\_\_

S.S. #: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

Dear Sir or Madam:

The above named individual has filed an application for registration with this Board. In regard to his/her education, he/she states as follows:

List Types of Degrees and Dates Received:

\_\_\_\_\_

*Registrar Completes: place college seal here*

**Correct:** \_\_\_\_\_

**Incorrect:** \_\_\_\_\_

Registrar's name \_\_\_\_\_

Phone number \_\_\_\_\_

Date: \_\_\_\_\_

Please check your records and advise this Board as to the accuracy of that portion of his/her educational record which pertains to your school. Your cooperation in this matter will be sincerely appreciated.

Yours very truly,  
Executive Director

**ARKANSAS STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS  
AND LAND SURVEYORS**

NOTE: Applicant should complete top portion and forward to college with stamped envelope addressed to Arkansas Board, P.O. Box 3750, Little Rock, AR 72203.

**Arkansas Board of Registration for  
Professional Engineers and Land Surveyors**  
P.O. Box 3750  
Little Rock, AR 72203

# Engineer Intern Reference Form

\_\_\_\_\_  
Applicant's Name

**Note:** The applicant will forward this form to each reference. Each reference is requested to complete it fully and forward it directly to the Board.

(Please use black typewriter ribbon or a dark ball-point pen)

### ***PERTAINING TO APPLICANT***

1. I have known the applicant for \_\_\_\_\_ years.
2. I (am) (am not) related. Relationship \_\_\_\_\_
3. Applicant is employed by \_\_\_\_\_
4. Applicant's general reputation and character are \_\_\_\_\_
5. I believe applicant's technical ability to be (fair) (average) (good) (excellent) (superior).
6. My business connection with applicant (is) (has been) \_\_\_\_\_  
\_\_\_\_\_
7. The following is my evaluation of the applicant's ability as an engineer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***PERTAINING TO REFERENCE***

My business of profession is \_\_\_\_\_

I am a current professional engineer in the state of \_\_\_\_\_ \*Reg.No. \_\_\_\_\_

I am associated with \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Please Type or Print Your Name)

\_\_\_\_\_  
(Your Signature)

Daytime Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

**\*ALL NON-ARKANSAS P.E. REFERENCES MUST SUPPLY A COPY OF YOUR POCKET CARD OR A PRINTOUT FROM YOUR STATE BOARD'S WEBSITE OF YOUR LICENSE TO VERIFY CURRENT REGISTRATION.** Mail to: Arkansas Board of Registration for Professional Engineers and Land Surveyors, P.O. Box 3750, Little Rock, AR 72203-3750.

Revised 7/15/2009

**IMPORTANT** – Do Not Fill Out until you read and understand this form.

**EI EXPERIENCE SHEETS**

1. Make statements brief and concise, designating each change in position on a separate engagement. Include the scope and complexity of work as well as your duties and degree of responsibility. If necessary, additional sheets may be used. (Begin with your earliest experience.)
2. Each of the six columns under “Time” should be filled out for each engagement, using years and tenths of years (ie. 3 months would be .25, 6 months would be a .5, and 9 months would be .75). Do not leave blank spaces, and do not use the word “yes”.
3. The time in “Sub-Professional (non-engineering) Work” (includes all time before date of BS Degree) plus the time in “Professional Work” must equal the time entered under “Total Time”. (Total Time must equal calendar time.)

Date		Title of Position, Name of Employer and Character of Each Engagement	Time (Years in Decimals)					Name and Address Of Supervisor Reg. No. if Applicable
From	To		“Other” Work (1)	Professional Work			Total Time Col. 1 + 5	
				Design (2)	Super- vision (3)	Responsible Charge (4)		

EI Experience Sheet – last page

Date		Title of Position, Name of Employer and Character of Each Engagement	Time (Years in Decimals)					Name and Address Of Supervisor Reg. No. if Applicable
From	To		“Other” Work (1)	Professional Work			Total Time Col. 1 + 5	
				Design (2)	Super- vision (3)	Responsible Charge (4)		

Total Time in “Other” Work \_\_\_\_\_

Total Time in Design \_\_\_\_\_

Total Time in Supervision \_\_\_\_\_

Total Time in Responsible Charge \_\_\_\_\_

Total Time in Professional Work \_\_\_\_\_

Total Time (Not to exceed calendar time) \_\_\_\_\_