



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Professional Engineers
and Land Surveyors
124 Halsey Street, 3rd Floor, P.O. Box 45015
Newark, New Jersey 07101
(973) 504-6460

Instructions for Completing an Application for Certification as an Engineer-In-Training

Application:

1. Complete the application available at: www.njconsumeraffairs.gov/pels/Applications/Professional-Engineer-in-Training-Application.pdf for Certification as an Engineer-in-Training. Answer ALL of the questions.
2. Sign the application in the presence of a notary public (page 5). Your application must be notarized or it will be returned to you, which will delay the process.
3. Attach a clear, full-face original color passport-style photograph (2" x 2") of your head and shoulders taken within the past six months. (Photocopies and selfies will not be accepted.)
4. If you are a legal alien or other immigration status, please submit your USCIS immigration documents. (Submit a copy of both the front and the back of your card.)
5. Submit criminal history documents (if applicable).
6. Submit a non-refundable application fee in the form of a check or money order, payable to the State of New Jersey, in the amount of \$30.00.

References:

1. Submit the names of three (3) references on the application, (item #17), as well as download on Board approved forms www.njconsumeraffairs.gov/pels/Applications/Professional-Engineer-in-Training-Reference-Form.pdf your references. One of the three references must be from a licensed professional engineer in the United States. Please follow the instructions found in this section regarding distribution of the reference forms to your references.

Fundamentals of Engineering Examination:

Submit proof of passing the Fundamentals of Engineering (FE) exam. Please indicate the state and date you took the exam at the top of page 4 of the application. **You do not need to obtain Board approval or submit an application to the Board prior to taking the FE exam. Information on the FE exam may be found at: <http://ncees.org/engineering/fe/>.**

Education Evaluation:

If you have an undergraduate degree from a non-ABET accredited program, then your education credentials must be evaluated. The Board recommends: 1) NCEES; 2) Josef Silny; or 3) Educational Perspectives. Please request a Subject Analysis evaluation. Contact information is available at: www.njconsumeraffairs.gov/pels/Pages/applications.aspx.

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use a paper clip to attach the photo.



For office use only
Application number _____
Date _____, _____

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Engineer-in-Training Application

(To be completed by the applicant only.)

A nonrefundable application filing fee of \$30, in the form of a check or money order made payable to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.) Please see the Fee Schedule for the license fee at: <http://www.njconsumeraffairs.gov/pels/Applications/Professional-Engineers-and-Land-Surveyors-Fee-Schedule.pdf>.

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application (including your address of record) may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____

1. Name Mr. _____ (_____)
 Mrs. _____
 Ms. _____
Last name First name Middle initial Maiden name

2. Address

Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

Mailing: _____
Street or P.O. Box City State ZIP code County

NCEES Record Number (if applicable): _____

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et. seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child-support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? Yes No
 - (1) If “Yes,” are you in arrears in payment of said obligation? Yes No
 - (2) If “Yes,” does the arrearage match or exceed the total amount payable for the past six months? Yes No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? Yes No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No
- d. Are you the subject of a child-support-related arrest warrant? Yes No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of “Yes” to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

6. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No

7. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. Yes No

If “Yes,” provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

8. Do you currently hold, or have you ever held, a professional or occupational license or certificate (i.e. radon measurement technician or specialist, radon mitigation technician or specialist, etc.) of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If “Yes,” for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. _____

	Last name	First name	Middle initial
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

9. Have you ever been disciplined or denied a professional license or certificate or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

10. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

11. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

12. Have you ever been named as a defendant in any litigation related to the practice of professional engineering or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

13. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

14. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

15. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of professional engineering or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If the answer to any of the above questions, numbers 9 through 15, is “Yes,” provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

16. PRESENT APPLICATION STATUS

Do you currently have on file, or have you ever filed, an engineer-in-training application in New Jersey?

Yes No If “Yes,” please supply the application number. _____

If you have passed the Fundamentals of Engineering exam, please list the date and the State in which the exam was taken: _____

Date

Exam State

17. REFERENCES OF CHARACTER AND QUALIFICATIONS

Give the name and address of three references not related to you. One of these references must hold a valid United States professional engineer’s license and have knowledge of your experience or training. The applicant must download and distribute one form to each individual listed as a reference. Click on the link www.njconsumeraffairs.gov/pels/Applications/Professional-Engineer-in-Training-Reference-Form.pdf for the reference form. The signature of each person used as a reference is not required below.

(Fill out completely—do not refer to other forms, etc.)

Name	Address	Licensed in state of	License Number

18. EDUCATION*

(Fill out completely—do not refer to other forms, etc.)

BACHELOR’S DEGREE IN ENGINEERING

Name and Location of Institution	Full-Time/Part-Time	Years (From/To)	Date Graduated	Curriculum	Degree Received

GRADUATE DEGREE IN ENGINEERING

Name and Location of Institution	Full-Time/Part-Time	Years (From/To)	Date Graduated	Curriculum	Degree Received

* *An official transcript must be submitted to the Board office directly from the institution. This requirement also applies to applicants educated in a foreign country.*

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ }
County of: _____ } ss.

I, _____, in making this application to the State Board of Professional Engineers and Land Surveyors for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Professional Engineers and Land Surveyors, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I swear (or affirm) that I have read N.J.S.A. 45:8-27 et seq., together with the Rules and Regulations of the State Board of Professional Engineers and Land Surveyors, N.J.A.C. 13:40-1.1 through 13:40-13.9, and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

I further swear (or affirm) that, pursuant to N.J.S.A. 45:8-35, I am able to speak and write English language.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Applicant's signature

Sworn and subscribed to before me this _____
day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

