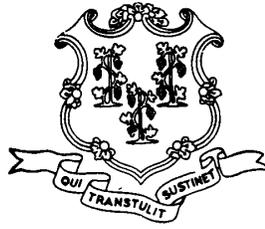


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Occupational & Professional Trades Division
 165 Capitol Avenue
 Hartford, CT 06106
 Email: dcp.occupationalprofessional@ct.gov



Verification of Registration or Examination

To: (Board Making Certification)

Name			
Street Address	City	State	Zip Code

Name of State Completing Form:

Name of State	Date
---------------	------

Name of Applicant

First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code
Social Security Number	Date of Birth		

I. The above named person was certified or licensed as:

<input type="checkbox"/> Professional Engineer	Certificate Number	Date Issued	Valid Until	Date Applied
<input type="checkbox"/> Engineer-in-Training	Certificate Number	Date Issued	Valid Until	Date Applied
<input type="checkbox"/> Land Surveyor	Certificate Number	Date Issued	Valid Until	Date Applied
<input type="checkbox"/> Land Surveyor-in-Training	Certificate Number	Date Issued	Valid Until	Date Applied

II. Written Examination

<input type="checkbox"/> Professional Engineer	Hours	Results (Pass/Fail Grade)	NCEES Exam	Exam Date
<input type="checkbox"/> Engineer-in-Training	Hours	Results (Pass/Fail Grade)	NCEES Exam	Exam Date
<input type="checkbox"/> Land Surveyor	Hours	Results (Pass/Fail Grade)	NCEES Exam	Exam Date
<input type="checkbox"/> Land Surveyor-in-Training	Hours	Results (Pass/Fail Grade)	NCEES Exam	Exam Date
<input type="checkbox"/> Other	Hours	Results (Pass/Fail Grade)	NCEES Exam	Exam Date