

	<p>ENGINEER INTERN CERTIFICATION APPLICATION</p> <p>Fee: to Include Engineer Intern Endorsement fee Refer to Rule 61G15-24.001, Schedule of Fees (Checks Should be Made Payable to FBPE)</p>	<p>2400 Mahan Drive Tallahassee, FL 32308</p>
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NAME	Last:	First:	Middle:
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Have you ever changed your name through marriage or action of a court, or have you ever been known by any other name ? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach a copy of the marriage certificate or legal court order.	Other Full Name(s) I am/have been known as:
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MAILING ADDRESS	Number and Street:			Apt/Lot No.:
	City:	State:	Zip Code:	

HOME TELEPHONE NUMBER:	BUSINESS TELEPHONE NUMBER:	DATE OF BIRTH (MM/DD/YYYY):
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EMAIL ADDRESS: Do you wish to receive correspondence via email? <input type="checkbox"/> YES <input type="checkbox"/> NO Even if you do not wish to receive correspondence via email, you must provide a valid email address in order to attempt the Laws and Rules Study Guide. All email addresses are public records pursuant to F.S. Chapter 119.011(12).	SOCIAL SECURITY NO.: Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 455.213(1), 409.2577, and 409.2598, F.S.
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IMPORTANT INFORMATION

All information must be typed; handwritten forms will not be accepted, unless otherwise noted on the form.

EDUCATION HISTORY

Names of Colleges & Universities Attended and City/State/Country	Degree Received or Being Pursued <small>(e.g., BS, MS, PhD)</small>	Did you graduate?		Graduation Date <small>(Actual or Anticipated)</small> <small>(MM/YYYY)</small>	Engineering discipline <small>(degree major)</small>
		YES	NO		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

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EXAMINATION HISTORY						
Have you previously filed an application with FBPE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what type of application and when?						
Examination (e.g., FE, PE, SE)	Exam Location (City, State)	Date Taken (MM/YYYY)	Did you pass?		Exam Discipline	
			YES	NO		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
APPLICANT HISTORY						
Have you ever been convicted, found guilty, or entered a plea of guilty or <i>nolo contendere</i> , regardless of adjudication, of a crime (not including any pending charges or non-criminal traffic offenses) in any jurisdiction, or have you ever been found guilty by a military court-martial?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered YES to the question above, attach a separate page that lists the following information: date; jurisdiction (state and county); offense; disposition; and all other relevant information.						
SIGNATURE						
<p>I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare and state that my answers and all statements made by me herein are true and correct.</p> <p>Should I furnish any false information in this application, I hereby agree that such act may constitute cause for the denial, suspension, or revocation of any license to practice in the State of Florida for the profession for which I am applying.</p> <p>Applicant Sign Here _____</p> <p>Date _____</p>						