

**VERIFICATION OF LICENSURE**

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS A : \_\_\_\_\_ . YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice land surveying in the State of Montana. The Board of Professional Engineers & Professional Land Surveyors requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF PROFESSIONAL ENGINEERS & PROFESSIONAL LAND SURVEYORS, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

\_\_\_\_\_  
(Signature) Name: \_\_\_\_\_  
(Please print)

Address:

My License Number is: \_\_\_\_\_

**DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF PROFESSIONAL ENGINEERS & PROFESSIONAL LAND SURVEYORS:**

Full Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_

Exams taken in your state? Yes  No  If YES, please provide the following information:

FE/FS – Exam Date: \_\_\_\_\_ NCEES Exam? Yes  No  Results: Pass  Fail   
PE/PS – Exam Date: \_\_\_\_\_ NCEES Exam? Yes  No  Results: Pass  Fail

License is current? Yes  No  If NO, explain \_\_\_\_\_

Has license been suspended, revoked, placed on probation or otherwise disciplined? Yes  No

If YES, explain and attach documentation

\_\_\_\_\_  
Has licensee ever been requested to appear before your Board? Yes  No

If YES, explain \_\_\_\_\_

Derogatory information, if any \_\_\_\_\_

Comments, if any

**BOARD SEAL**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

State Board: \_\_\_\_\_ Date: \_\_\_\_\_