

**MONTANA BOARD OF PROFESSIONAL ENGINEERS AND PROFESSIONAL LAND SURVEYORS**

301 South Park, 4<sup>TH</sup> Floor (Delivery)  
P. O. Box 200513  
Helena MT 59620-0513  
(406) 444-5773 FAX (406) 841-2305  
E-mail: [dlibsdlicensingunitb@mt.gov](mailto:dlibsdlicensingunitb@mt.gov)  
**Website address: [www.engineer.mt.gov](http://www.engineer.mt.gov)**

**APPLICATION FOR RE-EXAMINATION / EXAM RE-SCHEDULE / ADDITIONAL EXAM**

**INSTRUCTIONS**

**FEES:**

Re-examination fee (for NCEES PE, FS, PS):	\$25.00
Re-examination fee (for MT Land Surveyor Exam):	\$100.00
Exam re-schedule fee (only for NCEES paper PE):	\$25.00

**Make check or money order payable to the Montana Board of PELS. These fees are separate from any examination fees charged by NCEES.**

(For "additional exam" applicants only: Board rules currently do not require a Montana fee for current licensees to take an additional exam such as the SE. You are only required to pay applicable NCEES examination fees.)

**DEADLINE DATES FOR NCEES EXAMS:**

Please be aware of NCEES registration deadlines for exams, especially PE and SE pencil & paper exams with specific examination dates. This application must be received and approved by the Board prior to the NCEES deadline. You also must be registered with NCEES and have paid all applicable fees to NCEES by the deadline or you will not be able to take the exam. For more information, visit [www.ncees.org](http://www.ncees.org).

**BOARD APPROVALS FOR EXAMS:**

- For re-examinations or re-scheduling of exams, applicants already must have been approved by the Montana Board of Professional Engineers and Professional Land Surveyors to sit for the desired exam. **For all applicants except Professional Land Surveyors, Board approval is valid for one year following the Board's initial decision. PLS applicants have two years after the Board's decision to pass the state-specific Montana Land Surveyor Exam.**
- Once this application and the appropriate fee are received by the Board office and your prior exam approval and/or licensure status have been verified, the Board will confirm with NCEES (PE, FS, PS exams) or ISO-Quality Testing (MT Land Surveyor Exam) that you are approved for the exam.
- For PE, FS and PS exams, NCEES will provide the official notification of your approval.
- For the Montana Land Surveyor Exam, you'll be notified by ISO-Quality Testing.
- If you have questions about your approval, contact the Board office at 406-444-5773.

**NCEES EXAMINATION REGISTRATION:**

For examinations administered by the NCEES Exam Administration Services, please go to [www.ncees.org](http://www.ncees.org) for information on registration fees, registration deadlines and other information. Fees paid to NCEES for examination registration are separate from the application fee paid to the board office. All examination applicants are urged to submit their applications as early as possible as delays in the processing of your application may occur.

**WARNING: DO NOT REGISTER WITH NCEES UNTIL YOU HAVE RECEIVED WRITTEN NOTIFICATION FROM THE BOARD OFFICE THAT YOUR APPLICATION HAS BEEN APPROVED.**

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**APPLICATION FOR RE-EXAMINATION / EXAM RE-SCHEDULE / ADDITIONAL EXAM**

**EXAM TO BE TAKEN** \_\_\_\_\_  **FEE ENCLOSED**  
(Not required for SE Exam)

**I HAVE BEEN PREVIOUSLY APPROVED\* TO TAKE THIS EXAM BUT HAVE NOT TAKEN IT YET.**  
When were you first scheduled to take this exam? Month \_\_\_\_\_ Year \_\_\_\_\_

(\*Approval must have been by the Montana Board of Professional Engineers and Professional Land Surveyors.)

**I HAVE TAKEN THIS EXAM BEFORE BUT NEED TO TAKE IT AGAIN.**  
Dates of all previous attempts: \_\_\_\_\_

1. FULL NAME: \_\_\_\_\_  
Last First Middle

2. MONTANA LICENSE # (IF APPLICABLE) \_\_\_\_\_  
(This includes Engineer Intern or Land Surveyor Intern certificates)

3. BUSINESS ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

4. HOME ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

5. PREFERRED MAILING ADDRESS  Business  Home

6. E-MAIL \_\_\_\_\_

7. TELEPHONE (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Home Fax

8. SOCIAL SECURITY NUMBER \_\_\_\_\_ 9. DATE OF BIRTH \_\_\_\_\_