

INTERNATIONAL VERIFICATION OF LICENSURE

(Only one copy of this form has been provided. Please make additional copies as required.)

TO: TEXAS BOARD OF PROFESSIONAL ENGINEERS
1917 IH 35 South, Austin, Texas, USA 78741-3702 (512) 440-7723 / FAX: (512) 442-1414

FROM:

(Board name & Address)

(Name of Applicant)

(Street Address)

(City) (State) (Zip)

National ID Type _____

National ID Number _____

Please fill out all applicable information. For items not relevant to licensure or registration in your jurisdiction indicate with N/A.

I. LICENSE OR REGISTRATION INFORMATION

	License / Registration Number	Date Issued	Valid Until	CPC Current?	Branch of Engineering
Engineering License / Registration	_____	_____	_____	<input type="checkbox"/>	_____

II. BASIS OF LICENSURE / REGISTRATION

1. EDUCATION

Institution _____

Degree Conferred _____ Date Conferred _____

Transcript Verified? Yes No If "No", explain: _____

Institution _____

Degree Conferred _____ Date Conferred _____

Transcript Verified? Yes No If "No", explain: _____

2. WRITTEN EXAMINATIONS:

Name of Exam _____

Date of Exam: _____ Score: _____

Name of Exam _____

Date of Exam: _____ Score: _____

3. ORAL EXAMINATIONS:

Name of Exam _____

Date of Exam: _____ Score: _____

INTERNATIONAL VERIFICATION OF LICENSURE

Page 2

4. EXPERIENCE:

Number of Years of Verified Experience Prior to Licensure / Registration _____

Comments: _____

5. Has disciplinary action ever been taken against this licensee? Yes No
If so, please give details on other side, including violation, penalty, and date of disciplinary action.

6. OTHER: (Please give details on other side)

PREPARED
BY: _____

TITLE: _____

(BOARD SEAL)

DATE: _____

ORGANIZATION
NAME _____

ORGANIZATION
ADDRESS _____
