### APPLICATION FOR REACTIVATION OF LICENSURE AS A PROFESSIONAL ENGINEER

All information on this form is subject to verification by the Board.

All information provided by you on this form must be TYPEWRITTEN (HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED).

Conditions Required to Return to Active Status:

* Provide all required documentation. Omission of any required information may prevent the processing of your application.
* There is no fee to return to Active Status.
* A license holder must comply with the continuing education program requirements for inactive license holders returning to practice.
* Submit your fingerprints for the criminal history record check (if not previously submitted). Refer to: <http://pels.texas.gov/recordcheck>.
* This application and supporting documents may be emailed to: licensing@pels.texas.gov.

Last 4 Digits of Social Security Number: Click here to enter text. PE Number: Click here to enter text. Date of Birth: Click here to enter text.

Full Legal Name (first, middle, last, suffix): Click here to enter text.

(Name changes must be supported by a copy of the legal document.)

Addresses: (Your residence address will be the address of record for all Board correspondence unless notified otherwise.)

E-mail Address: Click here to enter text.

Residence

Street: Click here to enter text.

City, State, Zip: Click here to enter text.

Telephone: Click here to enter text. Fax: Click here to enter text.

Business

Firm Name: Click here to enter text.

Street: Click here to enter text.

City, State, Zip: Click here to enter text.

Telephone: Click here to enter text. Fax: Click here to enter text.

[ ] Yes [ ]  No Have you ever been convicted of a felony or misdemeanor, other than a simple traffic violation?

 (An affirmative answer to question No.7 must be accompanied with a statement describing criminal convictions, accompanied by copies of any legal documentation.)

[ ] Yes [ ]  No I attest that I have completed the required hours of continuing education training per Board Rule §137.17(o).

 (Please attach copes of CEP supporting documentation along with this form (example: certificates of completion, etc.).

 The Board will not accept only a CEP log sheet as supporting documentation.)

[ ] Yes [ ]  No I attest that I have submitted my fingerprints in compliance with the Criminal History Record Check requirements.

 Please select in state or out of state and fill out the appropriate information below:

 [ ]  In State (electronically at a Morphotrust location)

 UEID Number (received at fingerprint appointment: Click here to enter text.

 Date (date of fingerprinting): Click here to enter text.

 --OR--

 [ ]  Out of State (ink fingerprint card mailed to Morphotrust)

 Registration ID (received from Morphotrust during Identogo signup): Click here to enter text.

 Date CHRC Documents Were Mailed: Click here to enter text.

 Tracking Info (Fedex#, USPS priority mail#, etc.): Click here to enter text.

I affirm that I am the applicant named in the foregoing instrument, that I have read the contents thereof, and that the foregoing statements are true and complete in all respects. I have read and agree to abide by the Texas Engineering Practice Act and the Board Rules. I believe that I meet the statutory requirements of the section of the Act under which I am applying for reactivation of licensure in the State of Texas.

Signature of Applicant Date