



Paul R. LePage
GOVERNOR

STATE OF MAINE
BOARD OF LICENSURE
FOR
PROFESSIONAL ENGINEERS
92 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0092

Dr. Donald A. Grant, P.E., CHAIR
ORONO, ME
Warren T. Foster, P.E., EXECUTIVE DIRECTOR

APPLICATION FOR TEMPORARY CERTIFICATE

Date _____

I, _____ hereby apply for a Temporary Certificate to practice or offer to practice the profession of Engineering in the State of Maine for the following period(s). (Not to exceed 30 consecutive days in any calendar year): Indicate dates required below.

(ALLOW TEN DAYS FOR PROCESSING)

The proposed project is described and located as follows: _____

Within 30 days of the expiration of the Temporary Certificate, copies of all documents sealed under this Temporary License shall be provided to the Board.

The name and phone number of the company or person you are providing the services for:

Phone # _____

This request is made in accordance with the Rules and Regulations of the State Board of Licensure for Professional Engineers and with the Revised Statutes of Maine, 1964, Title 32, chapter 19, Sub chapter I, Section 1255.

I enclose a check , money order , in the amount of \$100.00 (U.S. Funds) to cover the fee, payable to TREASURER, STATE OF MAINE.

I. GENERAL INFORMATION

1. Name (as desired on Temporary Certificate) _____

2. Business Address _____
(Name of employer)

(Mailing address) (City or Town) (State) (Zip)

3. Residence _____
(Mailing address) (City or Town) (State) (Zip)

4. Citizen of _____

(continued on next page)

Office Location: Olde Federal Building, 295 Water Street, 2nd Floor, Suite 207, Augusta, ME 04330

PHONE: (207) 287-3236
E-MAIL: penginers@prexar.com

FAX: (207) 287-3239
www.maine.gov/professionalengineers/

5. State or Province in which licensed as a Professional Engineer _____.
Date of Licensure _____ License #: _____.

6. Qualified for registration/licensure as follows:

- 1. Exemption (grandfather clause).
- 2. Examination of qualifications without oral or written examination.
- 3. Oral examination.
- 4. Written examination, 8 hours in Fundamentals of Engineering ; 8 hours in Principles and Practice of Engineering.
- 5. Other (explain in detail) _____
_____.

7. Applicants Fax # _____ Phone # _____

II. EDUCATION

1. Name of Institution _____
Years Attended _____
Graduation Date _____

2. Courses completed or degree achieved _____

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material to the issuance of the Temporary Certificate to practice or offer to practice the profession of engineering as applied for.

(Signature of Applicant)

STATE OF _____
COUNTY OF _____ DATE _____

_____ of _____
(Name of Applicant) (City or Town)

State of _____, being duly sworn, says that _____ is the person named in the above application to the Maine State Board of Licensure for Professional Engineers and that the statements therein contained are each and all strictly true in every respect.

Subscribed and sworn to before me this _____ day of _____ Year _____

Seal/Stamp _____
Notary Public Justice of the Peace

ALLOW TEN DAYS FOR PROCESSING

Mail to: Professional Engineers, 92 State House Station, Augusta, Maine 04333

Delivery Address: Professional Engineers, Olde Federal Build., 295 Water Street, 2nd Floor, Suite 207, Augusta, ME 04330