

PROFESSIONAL EXPERIENCE

The majority of my engineering experience is related to the following discipline (check one):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Control Systems | <input type="checkbox"/> Industrial | <input type="checkbox"/> Mining/Mineral |
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Naval Architectural/ Marine |
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Environmental | <input type="checkbox"/> Metallurgical | <input type="checkbox"/> Nuclear |
| <input type="checkbox"/> Civil/Sanitary/Structural | <input type="checkbox"/> Fire Prevention | <input type="checkbox"/> Mining/Mineral | <input type="checkbox"/> Software |

EMPLOYMENT

List below all places of employment in chronological order beginning with your first employment for which experience is being claimed. Attach a separate sheet if needed. Your application will not be reviewed by the Board until all Form 4A's for employers listed below have been received.

<u>ENDORSER #</u>	<u>FIRM NAME</u>	<u>NAME OF ENDORSER</u>	<u>BEGIN DATE/END DATE</u>	<u>TIME CLAIMED (YRS/MOS)</u>
1	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
2	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
3	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
4	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
5	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
6	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
7	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
8	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
(NOTE: Total time claimed cannot exceed calendar time.)			TOTAL TIME CLAIMED = ____ ____ Yrs. Mos.	

Send This Form Directly
To: 

New York State Education Department, Office of the Professions, Professional Engineering Unit, Division of Professional Licensing Services, 89 Washington Avenue, Albany, NY 12234-1000.