



## PROFESSIONAL EXPERIENCE

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

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agricultural/Biological   | <input type="checkbox"/> Control Systems     | <input type="checkbox"/> Industrial     | <input type="checkbox"/> Naval Architectural/Marine Engineering |
| <input type="checkbox"/> Architectural             | <input type="checkbox"/> Electrical/Computer | <input type="checkbox"/> Mechanical     | <input type="checkbox"/> Nuclear                                |
| <input type="checkbox"/> Chemical                  | <input type="checkbox"/> Environmental       | <input type="checkbox"/> Metallurgical  | <input type="checkbox"/> Petroleum                              |
| <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 = \_\_\_\_ | \_\_\_\_

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.