



**SECTION II: TO BE COMPLETED BY THE APPLICANT**  
**(TYPE OR PRINT LEGIBLY).**

Applicant Social Security Number: \_\_\_\_\_

**Please Note:** The information provided below in Sections A, B and C may be released if requested under New York State Public Officers Law Article 6 – “Freedom of Information Law.”

Endorser number   
 (From Form 4)

A. Describe your general engineering duties during your employment with this firm for the time period covered by this report.

B. Describe briefly your personal level of responsibility or authority for the work described for this endorser. Explain here any changes in your title resulting from promotions or other job changes during this period of employment.

C. Describe in detail the specific engineering work you personally performed on several projects or job assignments that are representative of the work you performed while you were employed by the firm named on this form. Then, indicate at right, the time you spent on these projects or assignments. The total time you claim cannot exceed actual calendar time. Describe your work in sufficient detail. No one time period can exceed two years in duration. In your description you must demonstrate that at least two years of your experience required knowledge and use of codes and practices used in the United States. You must use a separate Form 4A for each individual endorser (even if two or more endorsers work in the same firm). BOTH YOU AND YOUR ENDORSER MUST SIGN FORM 4A..

**TIME  
YRS./MOS.**

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Indicate the number of SHEETS for this endorser.  →

<b>Total time this sheet</b>		
<b>Total time this Endorser</b>		

Endorser number (From Form 4)

**TIME  
YRS./MOS.**

Enter the total time of work experience with this endorser here and on the appropriate endorser line on Form 4.

Total time this sheet		
Total time this Endorser		

**Attestation**

I hereby certify that the work experience described on this form and the time claimed for that experience are true and accurate.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**SECTION III: TO BE COMPLETED BY ENDORSER** Applicant Social Security Number: \_\_\_\_\_  
(Please Type Or Print Legibly).

Endorser number (From Form 4)

**Instructions to the Endorser**

1. Read carefully the information presented by the applicant on this form and any continuation sheets.
2. Provide the requested information below and answer questions 1 - 8. Please note: The information provided below in questions 1-8 may be released if requested under New York State Public Officers Law, Article 6 – "Freedom of Information Law."
3. If you disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the Department relative to the applicant, please submit a separate letter with this form. If you do, please identify the applicant by his/her full name and social security number in your letter and indicate that he/she is an applicant for engineering licensure.
4. **SIGN THE ENDORSER'S AFFIDAVIT IN SECTION IV.** If you do not sign the Affidavit, please explain in a separate letter attached to this form.
5. Return the entire form along with any other information directly to the Office of the Professions at the address below in **an envelope bearing your return address or company address. Do not return this form to the applicant. This form will not be accepted if submitted by the applicant.**

Endorser's name: \_\_\_\_\_

Firm: \_\_\_\_\_

Position in Firm: \_\_\_\_\_

Current Business address: \_\_\_\_\_  
Street City State Zip Code

Business Phone number: \_\_\_\_\_ Business E-mail address: \_\_\_\_\_

Are you a professional engineer?  Yes  No

If "Yes": \_\_\_\_\_  
State License No. Date of licensure (mo/day/yr)

**REGARDING THE APPLICANT'S DESCRIPTION OF PROFESSIONAL EXPERIENCE AS DESCRIBED ON THIS FORM:**

1. Do you have in-depth knowledge of the applicant's work during the time covered by this endorsement?  Yes  No
2. Does the description accurately reflect the work personally performed by the applicant?  Yes  No
3. Is the time claimed by the applicant for this experience accurate?  Yes  No
4. Was the applicant's work performed in an adequate, reliable, and professional manner?  Yes  No
5. Are/were you the applicant's supervisor during the time period claimed above?  Yes  No
6. If not, please identify your work relationship to the applicant at the time. \_\_\_\_\_
7. Are you attaching a separate letter with additional information about the applicant?  Yes  No
8. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV: ENDORSER'S AFFIDAVIT**

I have read the information presented by the applicant on this form. I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and engineering ability and that, except as otherwise noted on the front of this form, or in attached correspondence, the work experience described by the applicant and the time claimed for it, are generally true and accurate.

\_\_\_\_\_  
Endorser's Signature

\_\_\_\_\_  
Date



I cannot so certify. Letter of explanation attached

**Return form directly to:** New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Professional Engineering Unit, 89 Washington Avenue, Albany, NY 12234-1000