

Professional Engineering Form 5

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

NOTIFICATION OF INTENT TO PRACTICE PROFESSIONAL ENGINEERING -ENDORSEMENT APPLICANTS ONLY-

Applicant Instructions

1. Complete this form ONLY if you are currently licensed as a professional engineer in another jurisdiction, and if you are seeking authorization to engage in practice in the State of New York during the time when your application for licensure is being reviewed under Section 7208(b) of the Education Law. Be sure to sign and date the attestation.
2. Submit this form with your Application for Licensure and First Registration (Form 1).

APPLICANT INFORMATION

1	Social Security Number <i>(Leave this blank if you do not have a U.S. Social Security Number)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
2	Birth Date	Month <input type="text"/>	<input type="text"/>	Day <input type="text"/>	<input type="text"/>	Year <input type="text"/>	<input type="text"/>											
3	Print Full Name Exactly As It Appears On Your Application for Licensure (Form 1)																	
	Last	<input type="text"/>																
	First	<input type="text"/>																
	Middle	<input type="text"/>																

Licensee business address, phone and e mail address are public information. Failure to indicate business or home on this form for each item will deem it public information.

4	Mailing Address: <input type="checkbox"/> Home or <input type="checkbox"/> Business <i>(You must notify the Department promptly of any address or name changes.)</i>	
	Line 1	<input type="text"/>
	Line 2	<input type="text"/>
	Line 3	<input type="text"/>
	City	<input type="text"/>
	State	<input type="text"/>
	Zip Code	<input type="text"/>
	Country/ Province	<input type="text"/>

5	Are you applying with an NCEES record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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This is to state my intent to practice Professional Engineering in the State of New York during the time when my application for licensure is being reviewed by the State Board for Engineering and Land Surveying, as permitted by Subsection(b) of Section 7208 of the New York State Education Law.

I am currently authorized to practice in the State (or Country) of _____, and have requested the licensing authorities from that State (or Country) to submit Form 3, Verification of Out-Of-State Licensure, Registration and Examination directly to the Department.

I do not have an established place of business in the New York State. My current state of residence is shown in the box at the top of this page, and if I am now a resident of the State of New York, this is to certify that I have resided in New York for a period of less than six months beginning on _____ of _____.

ATTESTATION

I understand that my authorization to practice under Section 7208(b) does not become effective until the Department determines that my application is complete and sends me a specific letter of authorization.

Signature

Date