



## Professional Engineer License Experience Record

Follow all instructions carefully when completing this portion of the application. Failure to follow these instructions may result in deferral of your application. This form is intended to be submitted with your initial application, form number **NDPELS-PERS-02**. Applications that require this form must contain this form in order to be processed. If the Board office receives only this form without form number **NDPELS-PERS-02** it will be discarded. Applications being submitted with a completed NCEES record do **NOT** require this form.

### References

North Dakota Century Code requires all Professional Engineer applicants to submit a total of 5 references that can speak upon your character and professional reputation, at least 3 of those references must be licensed Professional Engineers that can also speak upon firsthand knowledge of some of your engineering experience. These references cannot be members of the Board or relatives. Please list the names of your references and if applicable their registration number.

Name: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Work Experience

This is a 2-step process.

- 1.) Provide a list of all your employment post Baccalaureates degree. Gaps greater than 90 days will need to be accounted for. **If you are currently employed with an employer enter "Present" in the "End Date" column.**

### Work Experience Table

E M P L O Y M E N T #	<b>Dates</b>		<b>Name of Employer</b>	<b>Experience</b>			
	Must be entered in a Month/Year format.			Enter the number of years and months in each respective column that is applicable to you.			
	Start Date	End Date		Engineering Experience		Non-Engineering Experience	
				Years	Months	Years	Months
1							
2							
3							
4							
5							
6							
7							
<b>Total:</b>							
If you have more than 7 employments, please add additional pages. See form number <b>NDPELS-PERS-04C</b> for additional tables.							

- 2.) On the provided sheets you will need to provide detailed descriptions of each of your listed employments. Be sure to include any projects and describe the magnitude and complexity of the work as well as your duties and degrees of responsibilities. **Experience records without descriptions or inadequate descriptions will be returned to the applicant and can also be a reason for deferral of an application.**

### Experience Detail Sheet

Use this sheet to provide your employment descriptions, if more space is needed, please attach additional sheets of paper. You will need to duplicate this page for each of your listed employment numbers.

**Employment Number (from work experience table):** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Dates of Employment:**     **From:** \_\_\_\_\_     **To:** \_\_\_\_\_

**Description of Duties:**



## Reference Form

**Applicant:** You must fill out your name and attach an abstract of your employment descriptions from your experience detail sheet for your references to verify. Simply putting dates of employment will **NOT** qualify. Please send this form to each of your listed references.

**Reference:** Fill out this form completely including all comment sections, initial all experience you can substantiate and have firsthand knowledge of and return the completed form to the **NDPELS, 3255 Greensboro Dr, Ste 203, Bismarck, ND 58503.**

**RE: Professional Engineer Application of:** \_\_\_\_\_  
(Name of Applicant in Full)

### Reference Information:

**Full Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Are you currently a licensed Engineer? ☐ Yes ☐ No

If yes, I am currently licensed in the state of: \_\_\_\_\_ My license number is: \_\_\_\_\_

How many years have you known the applicant? \_\_\_\_\_

In accordance with NDAC 28-03.1-01-17 (4) would you recommend the applicant listed above to be licensed as a Professional Engineer? (If needed please attach a separate piece of paper.) ☐ Yes ☐ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ By selecting this box, you are attesting that you have firsthand knowledge of the applicant listed above, all these questions have been answered based upon your personal knowledge of the applicant and without assistance of the applicant. The record of the applicant, as verified here by you, will be accepted by the Board as a deliberate act made for the express purpose of acquainting the Board with facts, as you see them, relative to the applicant's competency to practice the profession for which he/she has applied for licensure.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

RE: Professional Engineer Application of: \_\_\_\_\_  
(Name of Applicant in Full)

Please initial all statements you can substantiate on this margin.

Name of Reference: \_\_\_\_\_  
☐ I cannot verify any of the listed experience. \_\_\_\_\_  
(Please initial)