

**STATE OF MARYLAND
 DEPARTMENT OF LABOR
 STATE BOARD FOR PROFESSIONAL ENGINEERS
 1100 N. Eutaw Street, Room 121, Baltimore, MD 21201
 Phone 410-230-6260, Fax 410-962-8483
 dlopprofessionalengineers-dllr@maryland.gov**

**APPLICATION FOR PROFESSIONAL ENGINEER, RETIRED LICENSE
 FEE: \$50**

Please submit application with FEE to above address. Make check payable to LABOR-PE.

REQUIREMENTS FOR RETIRED STATUS LICENSE

You may qualify for a Professional Engineer, Retired, license if you:

- (a) are currently licensed in Maryland as a Professional Engineer;
- (b) have been a licensed Professional Engineer for at least 25 years, of which 5 years were in Maryland; and
- (c) are not the subject of a pending disciplinary action related to the practice of engineering in this or another state.

Please note that the holder of the retired status license may NOT engage in the practice of engineering but is permitted to use the designation of "Professional Engineer, Retired".

1. PERSONAL DATA

Name: _____
LAST FIRST MIDDLE or indicate (NONE)

Address: _____
(Street) (Apt, Suite No.)

City _____ State/Country _____ Zip _____

Telephone: Day _____ E-Mail _____

Social Security Number _____ Date of Birth _____
Mo --- Day --- Year

2. LICENSE INFORMATION

Maryland License No _____ Currently Licensed in Maryland? YES NO

License Expiration Date _____ How long licensed as a Maryland P.E.? _____

If you have not been licensed in Maryland for 25 years, please state your license history below to document that you possess the required number of years (25) as a practicing professional engineer.

STATE	DATES OF LICENSURE (From/To)	NUMBER OF YEARS

3. DISCIPLINARY QUESTION: Must be answered.

ARE THERE ANY PENDING DISCIPLINARY ACTIONS AGAINST YOU RELATED TO THE PRACTICE OF ENGINEERING? YES NO

IF YES, WHERE (STATE)? _____ PLEASE EXPLAIN NATURE OF THE CHARGES

4. CERTIFICATION

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I further authorize the release of any information contained herein to an authorized representative of the Department of Labor for further investigation. I certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided for payment in a manner satisfactory to the unit responsible for collection.

Signature of Licensee _____ DATE _____

For Office Use Only	
APPROVED BY:	Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
DENIED BY:	Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
REASON FOR DENIAL:	

