

STATE OF MARYLAND
DEPARTMENT OF LABOR, LICENSING AND REGULATION
BOARD FOR PROFESSIONAL ENGINEERS
1100 N. Eutaw Street, 5th Floor
BALTIMORE, MD 21202-3651
dloplprofessionalengineers-dllr@maryland.gov

DO NOT WRITE IN THIS SPACE OFFICE RECORD
Date Received _____
Initials _____

APPLICATION TO TAKE PROFESSIONAL ENGINEER EXAM BY A MARYLAND LICENSED P.E.

Return this application by email to: dloplprofessionalengineers-dllr@maryland.gov

Last name		First name		Middle Name or indicate NONE	
Street		City	State	Zip code	

Home Telephone: _____ Cell Phone: _____

Email address: _____

Maryland License Number _____ Current Expiration Date _____

Initial Exam Discipline _____ Desired Exam Discipline _____

EXPERIENCE SINCE OBTAINING A MARYLAND P.E. LICENSE

	Company Name or Employer	Dates of employment	Total time
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Signature _____ Date _____

In accordance with Executive Order 01.01.1983-18, the Department of Labor, Licensing and Regulation is required to advise you as follows regarding the collecting of personal information: Personal Information requested by the licensing agency of the Department is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the agency to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect his/her personal record and to amend or correct the personal data if necessary. Personal information is generally available for inspection by the public only in accordance with the Public Information Act. Personal information is not routinely shared with state, federal or local government agencies.