

**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
 dloplprofessionalengineers-dllr@maryland.gov**

**APPLICATION FOR PROFESSIONAL ENGINEER, RETIRED STATUS
 FEE: \$56.00**

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

REQUIREMENTS FOR RETIRED STATUS

You may qualify for a Professional Engineer, Retired Status 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 may **NOT** engage in the practice of engineering in Maryland, 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 XXX-XX- _____ 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:	

