REQUEST FOR VERIFICATION OF REGISTRATION

TO: _____ **REGISTRANT:** _____

_____ _____

_____ _____

DOB: _____

SSN: _____

PLEASE RETURN COMPLETED FORM TO:
WY BOARD OF REG. FOR PE/PLS
6920 YELLOWTAIL DR. STE. 100
CHEYENNE WY 82002

I. THE ABOVE-NAMED PERSON WAS CERTIFIED OR REGISTERED AS:

REGISTERED AS		Certificate Number	Date Issued	Valid Until
	Engineer-in-Training			
	Professional Engineer			
	Land Surveyor-in-Training			
	Professional Land Surveyor			

II. BASIS OF REGISTRATION:

WRITTEN EXAM

TYPE	HOURS	SCORE	CUT-OFF	EXAM DATE	NCEES EXAM	OTHER EXAM
EIT						
PE						
LSIT						
PLS						

1. If NCEES Exams, were these grades based on recommended cut-off scores? ☐Yes ☐No
2. EXAMINATION OPTION (BRANCH): _____
3. ORAL EXAMINATION: _____Hrs. PE _____Hrs. PLS
   _____Hrs. EIT _____Hrs. LSIT
4. ☐ EIT/LSIT Accepted From: _____
   ☐ PE/PLS Accepted From: _____
5. OTHER: _____

III. FORMAL ACTIONS:

A. Is there now or has there ever been any formal action commenced against the applicant? ☐ Yes ☐ No

B. Has there ever been any formal sanctions imposed against the applicant as a matter of public record including, but not limited to, fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? (If yes, attach a certified copy of disciplinary action). ☐ Yes ☐ No

IV. REMARKS: **STATE SEAL:**

_____
_____
_____
_____

BY: _____ **TITLE:** _____

DATE: _____