

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
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1400 E. Washington Avenue  
Madison, WI 53703

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## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS PROFESSIONAL ENGINEER SECTION

### INSTRUCTIONS TO REGISTER FOR PRINCIPLES & PRACTICE OF ENGINEERING (PE) EXAM FOR NEW CANDIDATES

(All Exam Applications are due to the Department 90 days prior to the examination date)

#### I. FILING ELIGIBILITY APPLICATION WITH DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES:

All new applicants applying to take the Principles & Practice of Engineering Examination (PE) for the first time in Wisconsin must submit the following to the Department to determine eligibility to sit for this exam:

- 1) Eligibility Application for Principles & Practice of Engineering Examination (Form #1999)
- 2) Experience Record (Form #463)
- 3) Five (5) Professional Engineer Applicant Reference Forms (Form #470)
- 4) Official transcripts showing courses taken and degrees received (unofficial copies of transcripts are not acceptable)
- 5) \$75.00 initial credential fee (check or money order payable to DSPS)

The completed eligibility application materials must be mailed to the Department at the address listed above. Eligibility application materials hand delivered or mailed by special courier must be delivered to the Department's street address: 1400 East Washington Avenue, Madison, WI 53703.

Retake applicants who have previously taken the examination in Wisconsin are not required to resubmit this information to the Department. All retake applicants for the PE exam must register online at [www.ncess.org](http://www.ncess.org).

#### II. EXAMINATION DATE AND FILING DEADLINES: Examinations are scheduled for April and October of each year. For further information on scheduling and fees, please visit NCEES's website at [www.ncess.org](http://www.ncess.org).

##### Eligibility Application

Applications are due to the Department 90 days prior to the examination date. Applications will be presented to the Professional Engineer Section when all required documents have been received. Candidates are encouraged to apply as early as possible for the desired examination date.

To see when the Board is meeting, please visit the Department's website at <http://dsps.wi.gov/Licenses-Permits/Credentialing/Business/Professional-Engineer> and click on the "Meeting Schedule" link. These are tentative meeting dates and are subject to change.

#### III. REQUIREMENTS:

##### Education/Work Experience

To be eligible to take the PE Examination, an applicant shall have one of the following:

- 1) A diploma or degree of not less than four years in an engineering course of study from an engineering school or college approved by the Examining Board, and at least four years of engineering experience.
- 2) A diploma or degree from a course of study of not less than two years in an engineering related course of study from a technical college approved by the Examining Board, and at least six years of engineering experience. **Wis. Admin. Code ch. A-E 4 can be found at [http://docs.legis.wisconsin.gov/code/admin\\_code/a\\_e/4.pdf](http://docs.legis.wisconsin.gov/code/admin_code/a_e/4.pdf). All qualifying experience must have been acquired by the exam filing deadline.**

##### Experience Record

The Experience Record (Form #463) is used by the Board to determine whether the experience you document meets the requirements outlined in the Wisconsin Administrative Code. To assure the Board can make an accurate assessment of your experience, please use the following guidelines when completing this form. Incomplete forms, or forms not in compliance with these guidelines, may be rejected and delay the processing of your application.

# Wisconsin Department of Safety and Professional Services

The Board is looking for experience that is within the definitions of engineering in Wis. Stat. ch. 443 and Wis. Admin. Code A-E 4.03. Before you start completing this form, you should review these definitions.

It is important to include specific information about your role, responsibilities, and/or tasks for each engagement. A simple statement like, "I was a designer on project XYZ," gives the Board little information. Information that is incomplete, overly broad and/or general will likely be determined by the Board to be insufficient to meet the requirements outlined in the Wisconsin Administrative Code.

Engagements must be of a duration that provides an opportunity to acquire relative qualifying experience. Extremely short engagement durations (less than six months) may be determined to be insufficient to meet the requirements outlined in the Wisconsin Administrative Code.

Do not use abbreviations or acronyms. Include duties and degree of responsibilities for each engagement. Job applications, employment resumés, job position descriptions, and marketing resumés do not contain the detail necessary for your application and generally should not be used for this purpose. Indicate when employment is full-time vs. part-time, and specify the typical number of hours worked per week. Provide a complete chronological listing of your background, beginning with your engineering education that satisfies the appropriate requirement. If your education does not come at the beginning of your record, include it in the appropriate order within your chronological listing of your background as a separate engagement. Generally, experience gained prior to obtaining the education requirement is not evaluated for the credential experience requirement.

The information on Form #463 must be typed. Not more than one year of satisfactory credit may be granted for any calendar year.

Experience gained in a cooperative educational program must be listed as a separate engagement and must be indicated as co-op experience. To obtain cooperative work experience credit, the cooperative educational program must be documented on the official transcript. A maximum of one year of experience may be claimed for cooperative educational programs.

The beginning and ending month and year of employment must be shown for each engagement. The total amount of experience for each engagement must be calculated and shown in decimal format. Length of engagements shall be rounded to one decimal point. Engagements shall not overlap.

## **References**

Provide replies from five references having personal knowledge of your experience using the Professional Engineer Applicant Reference Form (Form #470). Each reference should complete Form #470 and return it directly to you in a sealed envelope with their signature on the envelope seal. You must submit all five sealed references with your application (Form # 1999). It is required that three references be Registered Professional Engineers. References must be from at least five individuals having personal knowledge of the applicant's engineering work, three or more of whom are Registered Professional Engineers, one of whom is registered in Wisconsin, and one of whom has served as supervisor in responsible charge of the applicant's engineering work. Family members can act as supplemental references in support of an application, but not as one of the five required responses.

## **Official Transcripts**

If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s). Transcripts for courses and degrees claimed in qualifying to sit for the exam are required. **Unofficial copies of transcripts are not acceptable.** Official transcripts showing courses taken and degrees received are required. Transcripts must be sent to you by the college. You must send the transcript in the sealed envelope to the Professional Engineers Section with your application.

**If the degree is from an international educational institution, you must provide an official detailed ABET accredited educational equivalency evaluation from NCEES Credentials Evaluations.**

NCEES Credentials Evaluations forms are provided in an online format at [www.ncees.org](http://www.ncees.org) and may be processed online with payment. If the application is not submitted online, there will be an additional fee. Mailing address: NCEES Credential Evaluation Services, P.O. Box 1686, Clemson, SC 29633-1686. Phone number: (865) 654-6824.

No credit will be allowed for education submitted without an educational evaluation.

**IV. NAME AND/OR ADDRESS CHANGE:** Any applicant scheduled for the examination that changes his or her name or address should notify the Department.

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## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS ENGINEER SECTION

### ELIGIBILITY APPLICATION FOR PRINCIPLES & PRACTICE OF ENGINEERING EXAMINATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis Stat. § 440.12).

<b>PLEASE TYPE OR PRINT IN INK</b>				<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>	
Address (street, city, state, zip) <input type="text"/>			Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different) <input type="text"/>			Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	
Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.		

*Ethnicity/gender status information is optional.*

**Ethnicity:**  White, not of Hispanic origin     American Indian or Alaskan     Hispanic  
 Black, not of Hispanic origin     Asian or Pacific Islander     Other

**Sex:**  M     F

**Email Address: Submit your email address in the spaces provided below.**

This license expires on July 31 of even-numbered years. It may be renewed for a two-year period at that time.

Have you ever held a license/credential in the state of Wisconsin?  Yes  No If yes, provide your Wisconsin license/credential number

**QUALIFICATION** Place an "X" in **ONE** box indicating how you qualify.

- B.S. degree in engineering and at least four years of qualifying experience.  
 2-year degree from engineering related course of study from an approved technical college, and at least six-years of qualifying experience.  
 NCEES Credential Evaluation and experience totaling at least eight years.

**EDUCATION** (Official Transcripts Required)

Colleges Attended

Degree Received

Date of Graduation  /  /

**APPLICATION FEE:** Make check or money order payable to DSPS and attach to this application.

\$ 75.00 Initial License fee

**For Receiving Use Only (6)**

**For Board Use Only**

Approved By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Approved By: \_\_\_\_\_

# Wisconsin Department of Safety and Professional Services

<b>STATEMENT OF ARREST OR CONVICTION:</b> (Attach additional sheets if necessary)	<b>YES</b>	<b>NO</b>
1. Have you ever been convicted of a misdemeanor or a felony, or are criminal charges currently pending against you? Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats. <b>If yes, attach Form #2252.</b>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have any suits or claims ever been filed against you as a result of professional services? <b>If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.</b>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been credentialed under any other name? <b>If yes, provide information below.</b> <div style="border: 1px solid black; height: 20px; width: 600px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>

### CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

### AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

/ 
 
 / 
 



  
Date