



**State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF BUILDING, DESIGN AND FIRE PROFESSIONALS
STATE BUILDING OFFICE
560 Jefferson Blvd, Suite 100
Warwick, Rhode Island 02886**

**RHODE ISLAND STATE BOARD OF REGISTRATION
FOR PROFESSIONAL ENGINEERS**

EXPERIENCE VERIFICATION

(To be completed and returned directly to the Board)

Name and Address of PE Supervisor

Name and Address of Applicant

I have filed my application with the Rhode Island Board of Registration for Professional Engineers to practice professional engineering in the State of Rhode Island. I have listed your name as my Engineering Supervisor for the engagement period shown.

I will appreciate your sending the information requested on the reverse side directly to the Board in the stamped addressed envelope which I have provided.

Signature of Applicant

Board Statement to PE Supervisor:

This Board is required by law to ascertain that the applicant has met the experience requirement sections of the Licensure Law: therefore, we need this experience verification form completed, signed, sealed, and returned by you. We cannot consider an applicant for licensure or admit a candidate for examination until replies are received from PE supervisors. A prompt reply will expedite our handling of the applicant's request for licensure.

Qualifying Experience:

Experience must follow graduation, be progressive and of increasing standard of quality and responsibility. Experience must be gained by working under the supervision of a licensed Professional Engineer. If the experience was not obtained under the direct supervision of a licensed Professional Engineer, then the indirect supervision should be explained with clarification of the degree of supervision received.

TO BE COMPLETED BY APPLICANT:

Applicant's Name: _____

Name of PE Supervisor: _____

Engineering experience to be verified for _____ (name of name of Firm)

Title of Position: _____

Dates of supervision from _____ to _____

TO BE COMPLETED BY SUPERVISOR:

1. Do you concur with the above applicant's title and time? _____ Yes _____ No
2. My contact with the applicant was from _____ to _____
3. Did you have review and approval authority over the applicant's engineering work? _____. Please explain your relationship with the applicant:

4. Please describe the applicant's duties & responsibilities in obtaining this experience (continue on additional sheet if needed).

5. Based on the Board's definitions of qualifying experience, _____ I do; _____ I do not recommend the applicant for licensure as a Professional Engineer.
6. Comments on applicant's qualifications to become a licensed Professional Engineer:

I certify that the above statements are correct to the best of my knowledge.

Engineers, please place stamp/seal here

Signature: _____

Date, State(s) of Licensure, & License #(s)

