



State of Rhode Island  
DEPARTMENT OF BUSINESS REGULATION  
State Building Office  
560 Jefferson Blvd., First Floor  
Warwick, Rhode Island 02886  
Phone 401-889-5446  
[www.bdp.ri.gov](http://www.bdp.ri.gov)

**RHODE ISLAND STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS**  
**APPLICATION FOR PROFESSIONAL ENGINEER REGISTRATION BY EXAMINATION**

Current Requirements for Professional Engineer (PE) Registration in Rhode Island

**EDUCATION**

- An ABET-EAC accredited 4-year Bachelor's in Science degree in engineering;
- An ABET-ETAC accredited 4-year Bachelor's in Science degree in engineering technology; **or**
- An NCEES Education Evaluation for non-US Bachelor's degree in engineering.
- NOTE: Individuals with a non-accredited 4-year Bachelor of Science degree in engineering technology are not eligible for registration in RI unless they obtain an advanced engineering degree from an ABET-EAC accredited program.

**EXAMINATION**

- Passing of the NCEES examination in the fundamentals of engineering
  - FE maybe waived for individuals with a 4-year ABET/EAC degree with 12 years or more of active engineering practice under the oversight of a professional engineer, licensed in the discipline for which the applicant is applying, and indicating experience of a grade and character, satisfactory to the Board.
  - The FE cannot be waived for individuals applying with a 4-year ABET/ETAC degree.
  - The FE cannot be waived for individuals applying with a 4-year non-accredited engineering degree or engineering technology degree.

**EXPERIENCE**

- Individuals with an ABET/EAC engineering degree are required to have a minimum of 4 years of qualifying engineering experience from date of graduation up to the date of application.
- Individuals with a non-accredited 4-year engineering degree are required to have a minimum of 6 years qualifying experience from the date of passing the FE to the date of application.
- Individuals with an ABET/ETAC degree are required to have a minimum of 8 years of qualifying engineering experience from the date graduation to the date of application.
- A Master's degree in engineering from an ABET-EAC program counts as one-year of experience.

**All registration requirements are established by law and cannot be waived by the Board staff or Board members.**

- RI Engineering Statutes: <http://webservice.rilegislature.gov//Statutes/TITLE5/5-8/INDEX.HTM>
- RI Engineering Regulations: <https://rules.sos.ri.gov/regulations/part/430-00-00-1>
- 2021 Engineering statutory changes: <http://webservice.rilin.state.ri.us/PublicLaws/law21/law21162-09.htm>

**APPLICATION DEADLINES FOR EXAMS:**

NCEES began the process of transitioning exams to computer-based testing (CBT) in 2021. Exams that have been moved to a CBT format are available year-round. Please check [NCEES.org](http://NCEES.org) for updates and important exam dates and deadlines.

**Application Deadlines for the Structural Exam, which is still administered by paper and pencil are:**

~January 1<sup>st</sup> for April Examination      ~August 1<sup>st</sup> for October Examination

***Please note:***

Applications received after the above referenced deadlines, will be considered for the next test administration. No waivers will be granted.

## **INSTRUCTIONS**

**READ THE FOLLOWING CAREFULLY: It is the applicant's responsibility to read all of the instructions in this document and to submit a COMPLETE application.** The Board must receive the completed application, verification of education and registration, and all general and professional reference forms before your application is reviewed and before the applicant may sit for the exam. All the below required forms and documentation must be in sealed envelopes. Once the applicant has received all the required forms and documentation, they must be submitted to the Board in 1 complete package. Include a cover letter with the applicant's full name and address. If a state board or university will only send verification directly to the Board and not the applicant, include that information in the cover letter. Complete application packages should be mailed to the Board at: 560 Jefferson Blvd, 1<sup>st</sup> Floor, Warwick, RI 02886.

**APPLICATIONS WILL REMAIN "PENDING" UNTIL ALL REQUIREMENTS ARE MET.**

**Complete checklist and gather all below items prior to sending in your complete application package. All required forms are found at that end of this document.**

\_\_\_\_\_ **Application** completed in full.

\_\_\_\_\_ **Educational Transcript(s)**

Must be received in a sealed envelope from the institution(s). Upon the preference of the institution, transcripts may be mailed directly to the PE Board or emailed directly to the PE Board, at [dbr.designprof@dbr.ri.gov](mailto:dbr.designprof@dbr.ri.gov).

\_\_\_\_\_ **Verification of FE exam results**

If the FE was taken in any other state, please provide verification from that state or NCEES. Please use the provided Verification Form.

\_\_\_\_\_ **Completed Experience Verification Form(s)**

Must be received in a sealed envelope bearing the verifier's signature across the envelope seal. Please submit your Experience Verification Forms along with your complete application in 1 large submission. ALL Experience Verification Forms MUST be in separate sealed envelopes bearing the appropriate signatures across the envelope seal.

\_\_\_\_\_ **Completed Character Reference Form(s)**

Must be received in a sealed envelope bearing the verifier's signature across the envelope seal. Please submit your Character Reference Forms along with your complete application in 1 large submission. ALL Character Reference Forms MUST be in separate sealed envelopes bearing the appropriate signatures across the envelope seal.

\_\_\_\_\_ **Taxpayer Status Affidavit/ Identity Verification Form.**

\_\_\_\_\_ **Application Fee of \$100.**

Please include a check made payable to the: General Treasurer, State of RI for \$100.00.

**GENERAL INFORMATION:**

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name in full: \_\_\_\_\_ Email: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell number: \_\_\_\_\_

State of Legal Residence: \_\_\_\_\_

Have you ever filed an application with this State Board? \_\_\_\_\_

If yes, type of application \_\_\_\_\_ When \_\_\_\_\_

Have you been denied registration in any state? \_\_\_\_\_ What state and why? \_\_\_\_\_

**EDUCATION:**

**\*Please request an official transcript from attending college or university. See instructions for submission in the checklist on page 1.**

Foreign Education: As of September 5, 2006, for any degree from a foreign institution, the applicant must have his/her education evaluated through the NCEES Credentials Evaluations Service, 280 Seneca Creek Seneca, CA 29678. <http://ncees.org/credentials-evaluations/>

Phone: 800-250-3196 / Fax: 864-654-6824.

Do not submit an application until you have received the result of NCEES' s evaluation. *Please note:* the Board will only accept those evaluations dated from September 4, 2004 - September 4, 2006 from the Engineering Credentials Evaluations International (ECEI).

**TEST MODULE:**

Please check below, 1 afternoon module, you wish to take. The Structural Module is paper and pencil offered in April and October. All other exams are CBT exams.

<input type="checkbox"/> <b>Agricultural &amp; Biological</b>	<b>Electrical &amp; Computer</b> <input type="checkbox"/> Electronics, Controls & Communications <input type="checkbox"/> Power	<input type="checkbox"/> <b>Mining &amp; Mineral Processing</b>
<input type="checkbox"/> <b>Architectural</b>	<input type="checkbox"/> <b>Environmental</b>	<input type="checkbox"/> <b>Naval Architecture &amp; Marine</b>
<input type="checkbox"/> <b>Chemical</b>	<input type="checkbox"/> <b>Fire Protection</b>	<input type="checkbox"/> <b>Nuclear</b>
<b>Civil</b> <input type="checkbox"/> Construction <input type="checkbox"/> Geotechnical <input type="checkbox"/> Structural (*) <input type="checkbox"/> Transportation <input type="checkbox"/> Water Resources	<input type="checkbox"/> <b>Industrial &amp; Systems</b>	<input type="checkbox"/> <b>Petroleum</b>
	<b>Mechanical</b> <input type="checkbox"/> HVAC & Refrigeration <input type="checkbox"/> Machine Design & Materials <input type="checkbox"/> Thermal & Fluids	
<input type="checkbox"/> <b>Control Systems</b>	<input type="checkbox"/> <b>Metallurgical &amp; Materials</b>	<input type="checkbox"/> <b>Structural (16 hours)</b> 8 hours Vertical Forces 8 hours Lateral Forces

**EXPERIENCE VERIFICATION FORMS**

- Please review the registration requirements on page 1 to determine the number of years of experience that must be documented depending on your degree.
- In the below chart, please identify the start and end dates of your work experience from each employer who will be verifying your qualifying experience for registration as a PE. Please list in order of most recent work until the minimum required years of experience are documented.

Start	End	Title of Position, Name and Address of Employer	Name and contact for Supervising

If additional room is needed, please submit on additional sheet(s) of paper.

- Access the Experience Verification form on our website: <https://bdp.ri.gov/professional-engineers/apply>
- This form should be completed only by supervising Professional Engineers who supervised your work. If you did not work directly for a PE, list the person to whom you reported directly and the next person up the chain of command who is a PE.
- Fill out page 1 and the top of page 2 of the Experience Verification form. Provide these forms to each of your references with instructions to return them to you in a sealed envelope with the signature across the seal. Do not open the envelopes. Upon receipt of all 3 forms, please provide them by mail with your complete application to the Board.
- An Experience Verification form must be received for each place of employment listed in your employment record.

**REFERENCES:**

Identify the name and address of 5 references, **not relatives, not listed as experience verifiers, and not RLPE Board members**. At least 3 of the references must be registered Professional Engineers (registered in any US jurisdiction) who have personal knowledge of your character, professional reputation and accomplishments.

Name	Contact Information (phone, email, or address)	Please state license # and State for PE's

**CHARACTER REFERENCE FORM:**

- Access the Character Reference Form on our website: <https://bdp.ri.gov/professional-engineers/apply>
- Fill out page 1 and the top of page 2.
- Provide these forms to each of your references with instructions to return them to you in a sealed envelope with the signature across the seal. Do not open the envelopes. Upon receipt of all 3 forms, please provide them by mail with your complete application to the Board.
- Any submitted Character Reference Form must match your above list of references.

**EXAMINATIONS**

Please list each and every time that you have taken the **FUNDAMENTALS OF ENGINEERING** Examination and the **PRINCIPLES & PRACTICE (PE)** Examination. For any exam taken in **another state**, you must provide verification from that state or through NCEES. Please use the Request for Exam/License Verification Form located at the end of this application.

Exam	Date	State	Results: Pass or Fail

If additional room is needed, please submit on an additional sheet(s) of paper.

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**I am the applicant named in this application and certify under the pains and penalties of perjury that the foregoing is true and correct in every respect.**

NAME: \_\_\_\_\_  
(print)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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## Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

**Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 560 Jefferson Blvd, Suite 100, Warwick, RI 02886.**

### Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # \_\_\_\_\_)
- I am in state receivership. (Case # \_\_\_\_\_)
- I have been discharged from Bankruptcy. (Case # \_\_\_\_\_)

\_\_\_\_\_  
Type of Professional License for which you are applying

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN if appropriate)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (including area code if not 401)

\_\_\_\_\_  
Date



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RHODE ISLAND STATE BOARD  
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**Character Reference Form**

RE: \_\_\_\_\_  
(Name of Applicant)

Dear Sir/Madam:

The individual whose name is given above has applied to this Board for licensure to practice Professional Engineering in the State of Rhode Island and has either given your name as a reference or has stated that he/she worked for or with you. We therefore request your assistance in filling out this form with sincere and conscientious consideration of the need for accurate data and for objective appraisal of the applicant's ability and/or potential to practice Engineering.

The applicant has been instructed to provide an addressed envelope. Please seal the envelope and sign your name across the envelope seal.

Very truly yours,  
**Board of Registration  
for Professional Engineers**



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**CHARACTER REFERENCE FORM**

Please return this form directly to the applicant in a sealed envelope with your signature across the seal.

<b>TO:</b>		<b><u>APPLICANT'S NAME &amp; ADDRESS</u></b>
Name:		
Address:		
Phone or email		

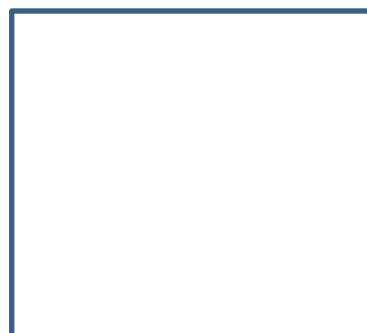
The above listed individual has filed an application for a certificate of qualification as a Professional Engineer with this Board. Please complete the information requested below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information furnished by references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

1. Are you a licensed Professional Engineer?  
 Yes: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_  
 No: \_\_\_\_\_
2. I know this applicant (circle one)
  - a. Very Well
  - b. Well
  - c. Slightly
  - d. Not at all
3. My contact with the applicant was from \_\_\_\_\_ to \_\_\_\_\_
4. What is your opinion of the applicant's personal integrity and character?

Signature: \_\_\_\_\_

Engineers, please place seal here:







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**RHODE ISLAND STATE BOARD**  
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**EXPERIENCE VERIFICATION FORM**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 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 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.

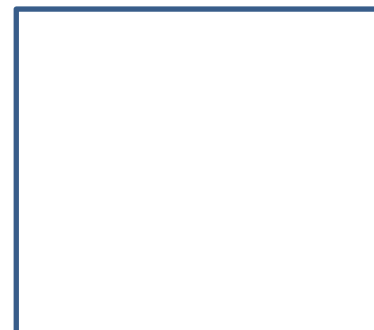
6. Comments on applicant's qualifications to become a licensed Professional Engineer:


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)





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**RHODE ISLAND STATE BOARD**  
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**Request for Exam/License Verification Form for anyone who took their Exams in another State**

**Applicant requesting status of registration/license/examination: (to be filled out by applicant)**

Name:	Type of License/Registration
Street Address:	License/Registration #
City, State, Zip	Last four digits of SS#:
Date of Birth:	

**Status of applicant's Certificate/Registration/License: (to be filled out by jurisdiction)**

Record	Certificate #	Date Issued	Expiration	Disciplinary Actions
Engineer in Training EIT				Yes _____ No _____
Professional Engineer PE				Yes _____ No _____
Other				Yes _____ No _____

**Disciplinary Actions:** \_\_\_\_\_

**Applicant's Examination Record: (to be filled out by jurisdiction)**

Exam	Hours	Result	Date	NCEES Exam	Discipline
FE					
PE					
Other					

**Remarks:** \_\_\_\_\_

**Processing Instructions**

<b>Return completed form to:</b>	<b>Attested by:</b>	<b>Board Seal:</b>
<b>RI Board of Registration for Professional Engineers</b> <b>560 Jefferson Blvd. 1<sup>st</sup> Floor</b> <b>Warwick, RI 02886</b>	<b>Name:</b>	
	<b>Title:</b>	
	<b>Signature:</b>	
	<b>Date:</b>	