



State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
Division of Design Professionals
560 Jefferson Blvd., First Floor
Warwick, RI 02886
www.bdp.ri.gov

BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS

APPLICATION FOR CERTIFICATION AS AN ENGINEER-IN-TRAINING (EIT)

Current requirements for EIT certification in Rhode Island

- An ABET-EAC accredited 4-year Bachelor's in Science engineering degree **or** an ABET-ETAC accredited 4-year Bachelor's in Science engineering technology degree.
- Passing of the NCEES examination in the Fundamentals of Engineering (FE)
 - FE maybe waived for individuals with a 4-year ABET/EAC degree with twelve (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.
- Individuals with a non-accredited 4-year Bachelor's in Science engineering degree are required to have a minimum of two (2) years of qualifying engineering experience from the date of graduation to the date of this application.
- Individuals with a non-accredited Bachelor's in Science engineering technology degree are not eligible for certification as an EIT.
- All registration requirements are established by law and cannot be waived by the Board staff or Board members.
 - RI Engineering Statutes: <http://webserver.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://webserver.rilin.state.ri.us/PublicLaws/law21/law21162-09.htm>

INSTRUCTIONS

READ THE FOLLOWING CAREFULLY: It is the applicant's responsibility to collect and 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 or 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 one 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: 560 Jefferson Blvd, 1st Floor, Warwick, RI 02886.

Complete checklist and gather all below items prior to sending in your complete application package:

- _____ **Application completed in full**
- _____ ***Educational Transcript** in a sealed envelope from the institution. 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 .
- _____ **Verification of FE results** (Comity applicants must provide verification from state board if FE was taken in any other state. Please use the provided Verification Form)
- _____ **Taxpayer Affidavit**
- _____ **Three Character Reference Forms, one must be from a registered Professional Engineer.** Please submit your Character Reference Forms along with your complete application in one large submission. ALL Character Reference Forms MUST be in separate sealed envelopes bearing the appropriate signatures across the envelope seal.
- _____ Application fee, \$25.00

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 convicted of a felony or pleaded "Nolo contendere" to a criminal charge? _____

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, any degree from a foreign institution, the applicant must have his/her education evaluated through the NCEES Credentials Evaluations Service, <http://ncees.org/credentials-evaluations/> 280 Seneca Creek Seneca, CA 29678. Phone: 800-250-3196 / Fax: 864-654-6824.

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

CHARACTER REFERENCES:

Identify the name and addresses of three (3) character references, not relatives, at least one (1) of whom is a registered Professional Engineer, who has personal knowledge of your character, professional reputation and accomplishments.

Name	Contact information	PE. State and license #

- Access the Character Reference Form on our website: <http://www.bdp.ri.gov/engineers/applications.php>
- Fill out page one (1) and the top of page two (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 three forms, please provide them by mail with your completed application to the Board.
- Any submitted Character Reference Form submitted must match your above list of references.

EXPERIENCE RECORD:

- Individuals with a non-accredited 4-year engineering degree are required to have a minimum of two (2) years of qualifying engineering experience from the date of passing the FE exam to the date of this application.

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 Record
- 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 three forms, please provide them by mail with your complaint application to the Board.

EXAMINATIONS

Please list each and every time that you have taken **THE FUNDAMENTALS OF ENGINEERING** Examination.

Exam	Date	State	Results: Pass or Fail

If additional room is needed, please submit on an additional piece of paper.

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 of Applicant: _____
Print Name

Signature: _____

Date: _____



Taxpayer 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, State Board of Registration for Professional Engineers, 560 Jefferson Blvd., 1st Floor, 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



State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
Division of Design Professionals
560 Jefferson Blvd., 1st Floor
Warwick, RI 02886

RHODE ISLAND STATE BOARD
OF REGISTRATION FOR PROFESSIONAL ENGINEERS

Request for Verification

(For those registered as an EIT in another state and anyone who took the FE 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

Return completed form to: RI Board of Registration for Professional Engineers 560 Jefferson Blvd. Warwick, RI 02886 email to: dbr.designprof@dbr.ri.gov	Attested by: : Name: Title: Signature: Date:	Board Seal:
--	--	--------------------



State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
Division of Design Professionals
560 Jefferson Blvd., 1st Floor
Warwick, RI 02886

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

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 filing 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,



State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
560 Jefferson Blvd., First Floor
Warwick, Rhode Island 02886
www.bdp.ri.gov

CHARACTER REFERENCE FORM

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

TO:		<u>APPLICANT'S NAME & ADDRESS</u>
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:



State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
560 Jefferson Blvd., First Floor
Warwick, Rhode Island 02886
www.bdp.ri.gov

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

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)