

DATE RECEIVED

Oregon State Board of Examiners
for Engineering and Land Surveying
670 Hawthorne Ave. S.E., Suite 220
Salem, Oregon 97301
Phone: (503) 362-2666
Fax: (503) 362-5454
E-mail: osbeels@osbeels.org

FOR OFFICE USE ONLY

ID NUMBER: _____

PAID: _____

REAPPLICATION FORM

Exam Date: Please indicate exam date.

SPRING EXAM FALL EXAM

**ORIGINAL AND COMPLETED APPLICATION MUST
BE POSTMARKED BY THE POSTMARK DEADLINE.
THERE ARE NO EXCEPTIONS.**

DATE OF LAST EXAM:

Exam: Please check the appropriate box for exam type.

- | | |
|--|---|
| <input type="checkbox"/> Fundamentals of Engineering | <input type="checkbox"/> Fundamentals of Land Surveying |
| <input type="checkbox"/> Professional Engineer: _____ | <input type="checkbox"/> Professional Photogrammetric Mapping |
| <input type="checkbox"/> NCEES Structural II & Washington Structural III | <input type="checkbox"/> Professional Land Surveying |
| <input type="checkbox"/> NCEES Structural II | <input type="checkbox"/> NCEES 6-hour Land Surveying |
| <input type="checkbox"/> Washington Structural III | <input type="checkbox"/> Oregon Specific 4-hour Law |

Payment Type:

NOTE: ALL fees must be paid in full prior to the review process. You will not be scheduled for any exam until your application is complete (all verifications, transcripts, etc.) and approved by the Board office. Application fees are non-refundable (OAR 820-010-0300).

- CREDIT CARD NO. _____ EXP. DATE _____ CHECK / MONEY ORDER
(Make checks & money orders payable to OSBEELS)
- CASH
- Accepted Cards: Visa, Mastercard, Discover, & American Express

GENERAL INFORMATION

Please mail all correspondence to: Residential Business

1. Full Legal Name Last Name (Jr., II, etc.)		First Name	Middle Name or Initial
2. Birth Date	3. Social Security Number	<i>If you are a foreign citizen unable to obtain a United States Social Security Number, please read the last page of the application or contact the Board office for further information.</i>	
4. Residential Mailing Address			Home Phone
Apartment No.	City	State	Zip Code
5. Business Name and Mailing Address			Business Phone
Suite No.	City	State	Zip Code

820-010-0465

Application for Readmission to Examination

Applicants for registration and for EI and LSI enrollment who did not achieve a passing grade in their first and second written examinations will, before re-admittance to a subsequent examination, be required to submit valid evidence of further preparation on their part. Such evidence should indicate the courses of study undertaken, special training and additional experiences gained since their last examination and must be in all cases satisfactory to the Board

SOCIAL SECURITY INFORMATION

As part of your application for an initial or renewed occupational, professional or recreational license, certification, or registration issued by OSBEELS, you are required to provide your Social Security Number to OSBEELS. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385.42 USC § 405 (c) (2) (C) (I), and 42 USC § 666 (a) (13). Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your Social Security Number will be used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your Social Security Number appears on the face of the licenses, certificates, or registrations issued by OSBEELS, your Social Security Number will remain on file with OSBEELS.

If, the United States Social Security Administration has not issued you a social security number, you must follow these guidelines:

- a. This form must be signed by you;
- b. You are attesting to the fact that no social security number has been issued to you by the United States Social Security Administration; and
- c. You are acknowledging that knowingly supplying false information under this section is a Class A misdemeanor, punishable by imprisonment of up to one year and a fine of up to \$6,250.

Please be advised that if you provide your signature below, you are agreeing to comply with the guidelines listed above.

I hereby certify under penalty of perjury that the information provided on this application and all appended sheets is true and correct. I am the applicant named in this application, I have read the contents thereof and, to the best of my knowledge and belief, the foregoing statements are true and correct in every respect.



Signature of Applicant

____/____/____
Date