



670 Hawthorne Avenue, SE
Suite 220
Salem, Oregon 97301

tel. 503.362.2666
email: osbeels@osbeels.org
Web: oregon.gov/osbeels

Professional Engineers/Land Surveyors/Photogrammetrists (PE/PLS/RPP) **Instructions for Filling Out the** **Application for Registration by Comity & Related Forms**

The following instructions are provided to assist in completing the application.

PLEASE READ the applicable Oregon Revised Statutes (ORSs) and the Oregon Administrative Rules (OARs). To locate the ORSs and the OARs, visit our website at www.oregon.gov/osbeels. Click on the "Revised Statutes" link for the ORSs. Click on the "Administrative Rules" for the OARs.

PLEASE NOTE: It is the applicant's responsibility to compile and submit all documentation required. Failure to properly fill out and complete the application forms may result in determining ineligibility for a professional registration.

It is the applicant's responsibility to review these requirements before applying to the Board.

Who Should Fill Out the Comity Application?

Individuals who want to apply for a **Professional Engineering (PE)** or **Professional Land Surveying (PLS)** or **Professional Photogrammetrist (RPP)** registration by comity.

See the following ORSs for detailed information: ORS 672.102, ORS 672.115, ORS 672.123, and ORS 672.148.

Examinations Offered

Individuals applying for their PLS by comity must take the Oregon Specific Land Surveying examination, which is offered in the Spring and Fall.

See the following OAR for detailed information: OAR 820-010-0440.

Once approval is received from OSBEELS, no further action is required. Approximately three weeks prior to the examination, OSBEELS will mail admittance packets to applicants approved to sit for the Oregon Specific Land Surveying Examination. If this information has not been received within this timeframe, please contact us.

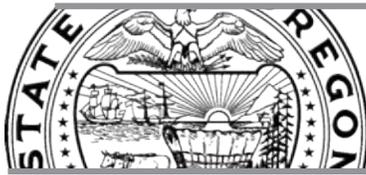
Study materials and details concerning the Oregon Specific Land Surveying examination are available on the OSBEELS website at www.oregon.gov/osbeels.

See the following OAR for detailed information: OAR 820-010-0425.

Reasonable Accommodations

Reasonable accommodations may be provided for applicants who have documented disabilities within the meaning of the American Disabilities (ADA) Act of 1990 or for applicants whose religious convictions prohibit them from testing on the scheduled examination date.

See the following OAR for detailed information: OAR 820-010-0443.



Deadlines

Applications must be postmarked or hand delivered by 5 p.m. When this deadline falls on a Saturday, Sunday, or legal holiday, applications are accepted until 5 p.m. on the following business day.

As per OAR 820-010-0442, individuals seeking registration as a PE or RPP by comity must submit their applications by the first day of the month prior to the month of a Board meeting.

Application Postmark Deadline	Which Board Meeting?
December 1st	January
February 1st	March
April 1st	May
June 1st	July
August 1st	September
October 1st	November

As per OAR 820-010-0442, individuals seeking registration as a PLS by comity must submit their applications by February 1st to sit for the Spring Oregon Specific Land Surveying examination or August 1st to sit for the Fall Oregon Specific Land Surveying examination.

Application Postmark Deadline	Which Examination Administration?
February 1st	Spring
August 1st	Fall

See the following OAR for detailed information: OAR 820-010-0442.

Application Fees

The application fees are located in OAR 820-010-0305. Application fees are non-refundable, in accordance with OAR 820-010-0300.

National Council of Examiners for Engineering and Surveying (NCEES) Record

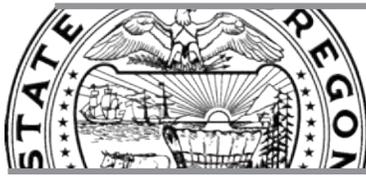
If you are using your NCEES record as part of this application, you must still complete the application in its entirety.

See the following OARs for detailed information: OAR 820-010-0200, OAR 820-010-0205, and OAR 820-010-0207.

Temporary Permits

OSBEELS may issue a temporary permit to an individual meeting the necessary qualifications to practice engineering or photogrammetric mapping in Oregon upon application for registration.

See the following ORS and OAR for detailed information: ORS 672.109, ORS 672.127, and OAR 820-010-0305.



Take At Home Examination Requirement

All individuals applying for registration as a professional engineer, professional land surveyor, or professional photogrammetrist are required to successfully complete the Take At Home examination. Please visit <http://osbeels.org/exam/> to complete this examination.

Note: Successful completion of the Take At Home examination is required each time an application by examination, comity or 1st registration is made. A copy of the Take At Home examination results should be included with this application packet.

Additional General Information

Applying for registration as a Professional Engineer by Comity

See the following OAR for detailed information: OAR 820-010-0200.

Applying for registration as a Geotechnical Engineer by Comity

See the following OAR for detailed information: OAR 820-010-0400.

Applying for registration as a Structural Engineer by Comity

See the following OAR for detailed information: OAR 820-010-0417.

Applying for registration as a Professional Land Surveyor by Comity

See the following OAR for detailed information: OAR 820-010-0205.

Applying for registration as a Professional Photogrammetrist by Comity

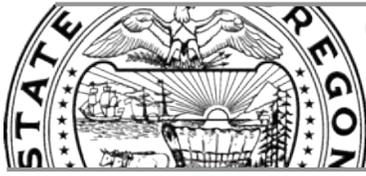
See the following OAR for detailed information: OAR 820-010-0207.

How Applications are Processed

Applications will be processed according to the date received by the OSBEELS office.

GENERAL INSTRUCTIONS

- Step 1: Complete the Application form.
- Step 2: **Prior to submission of the application package**, complete the [Take At Home examination](#). Include proof of successful examination completion with the application package.
- Step 3: Gather completed forms and documents and put together in a single package (see OAR 820-010-0215) for mailing.
- Step 4: Send application package, including payment, to the Oregon State Board of Examiners for Engineering and Land Surveying (OSBEELS):
OSBEELS
670 Hawthorne Avenue, SE
Suite 220
Salem, OR 97301
- Step 5: If correspondence has not been received from the OSBEELS within 15 days of submittal, please contact us.



Oregon

BOARD OF EXAMINERS
FOR ENGINEERING &
LAND SURVEYING

670 Hawthorne Avenue, SE
Suite 220
Salem, Oregon 97301

tel. 503.362.2666
email: osbeels@osbeels.org
Web: oregon.gov/osbeels

Office Use Only - Date Received:

Office Use Only -
Date Paid:

Office Use Only - ID #

Professional Engineers/Land Surveyors/Photogrammetrists Application for Registration by Comity

A: Applicant Information

Applicant Information

First name (personal name)	Middle name or initial	Last name (family name)
----------------------------	------------------------	-------------------------

Name as you want it to appear on your wall certificate

If you have a Social Security number Oregon law requires that it be used. Only use a Passport number if you don't have a Social Security number. If you don't have a Social Security Number, you must also fill out Section H of this application.

<input type="checkbox"/> Social Security #	OR	<input type="checkbox"/> Passport #	Country issuing passport
--	----	-------------------------------------	--------------------------

Birth date (Mo/Day/Yr)	Where do you want correspondence mailed to? <input type="checkbox"/> Home address OR <input type="checkbox"/> Business address
------------------------	---

Home address (include any apartment number)	Home/Personal phone #
---	-----------------------

City	State or Province	Zip/Postal code	Home email address
------	-------------------	-----------------	--------------------

Business name	Business phone #	Business fax #
---------------	------------------	----------------

Business address (include any suite number)

City	State or Province	Zip/Postal code	Business email address
------	-------------------	-----------------	------------------------

Address for public disclosure (As per Oregon Revised Statute (ORS) Chapter 192) Same as mailing address

City	State	Zip
------	-------	-----

NCEES Records

Have you established an NCEES Record? Yes No

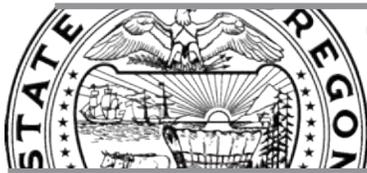
If YES, what date did you request that NCEES forward your record to the Board? _____

If you are using your NCEES Record as *part* of this application, you must still complete the application in its entirety (Pages 1-7).

The Oregon Examiner Newsletter

Please indicate how you would like to receive the OSBEELS newsletter, *The Oregon Examiner*.

Primary Address Primary Email Business Address Business Email No Newsletter



B: Registration and Payment

Professional Engineering Registration

Temporary Permit Requested

Select branch (you must choose one)

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Acoustical | <input type="checkbox"/> Control Systems | <input type="checkbox"/> Industrial | <input type="checkbox"/> Structural |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Electrical & Computer | <input type="checkbox"/> Mechanical | |
| <input type="checkbox"/> CA Geotechnical | <input type="checkbox"/> Environmental | <input type="checkbox"/> Metallurgical | |
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Naval Architecture/Marine | |
| <input type="checkbox"/> Civil | <input type="checkbox"/> Forest | <input type="checkbox"/> Nuclear | |

Professional Land Surveying Registration

Select examination schedule for the Oregon Specific Land Surveying Examination

- Spring Fall

Professional Photogrammetrist Registration

Temporary Permit Requested

- Professional Photogrammetrist

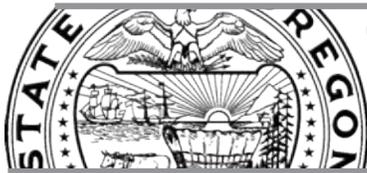
Select payment method (choose one)

<input type="checkbox"/> Check or Money Order (payable to the OSBEELS)	<input type="checkbox"/> Cash	Amount Enclosed:	
<input type="checkbox"/> Debit or Credit Card (Visa, Mastercard, Discover, or AmEx)		Total Charge to Card:	
Card Number	Exp. Date	Security Code*	Billing Zip/Postal Code
Signature (serves as payment authorization if paying by debit or credit card)			Signature Date (Mo/Day/Yr)

*** Debit or Credit Card Security Codes**

If submitting a payment to OSBEELS for fees by debit or credit card, please provide the security code. These codes are a security feature that appears on the back of most Visa, MasterCard, and Discover cards, and on the front of American Express cards. This code is a three or four-digit number which provides a cryptographic check on the information embossed on the card.

American Express Card Users: Look for the 4-digit code printed on the front of the card just above and to the right of the main card number. This 4-digit code is the card security code. Visa, MasterCard, and Discover Card Users: Flip the card over and look at the signature box. A special 3-digit code will be located in the signature box. This 3-digit code is the card security code.



C: General Questions

Answer the following questions (see OAR 820-020-0045)

Have you ever had any criminal convictions relating to the profession for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a professional engineering, land surveying or photogrammetric mapping registration denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any restriction or disciplinary action in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently practicing or offering to provide engineering, land surveying or photogrammetric mapping services for projects in Oregon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer is "yes" to any of the above stated questions, please submit a written explanation.

All information provided with your response will be considered public information unless required to be kept confidential by state or federal law.

D: Education Summary

Summarize your education:

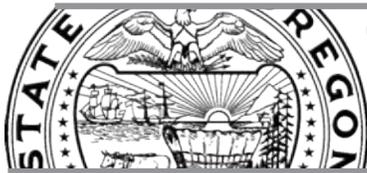
Name of University/Institution	Attended (Mo/Yr to Mo/Yr)	Graduation Date	Degree Received
.....
Name of University/Institution	Attended (Mo/Yr to Mo/Yr)	Graduation Date	Degree Received
.....
Name of University/Institution	Attended (Mo/Yr to Mo/Yr)	Graduation Date	Degree Received
.....
Name of University/Institution	Attended (Mo/Yr to Mo/Yr)	Graduation Date	Degree Received
.....

To go along with Section D: Education Summary you will also need to provide:

- Official Transcripts from each University/Institution listed (Not required when applying with an NCEES Record)
- NCEES Credentials Evaluation (Not required when applying with an NCEES Record)

For each university/institution listed above, you must request an official transcript. These transcripts must be kept in their original and **unopened** envelopes and must be included in the package when it is submitted to OSBEELS. OSBEELS will not accept photocopies and/or opened transcripts.

For each foreign university/institution listed above, you must have your official transcript of your degree evaluated by NCEES Credentials Evaluations before applying for registration. This evaluation will be performed at your expense and you're responsible for submitting all necessary information to NCEES for evaluation services.

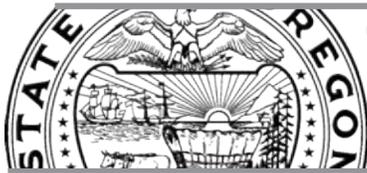


E: Verification Summary	Summarize Fundamentals Examination		
	Type of Examination (FE, FLS)	NCEES Exam or other? (If other, please specify)	Exam Date (Mo/Day/Yr)
	Jurisdiction		
	Summarize Professional Examination		
	Type of Examination (PE, PLS, RPP)	NCEES Exam or other? (If other, please specify)	Exam Date (Mo/Day/Yr)
Jurisdiction		Discipline	

To go along with Section E: Verification Summary you must also have the licensing board that administered the fundamentals and the principles of practice examinations or NCEES (if your examination was administered in a foreign location) complete a verification. To request a verification, visit <https://verify.ncees.org>.

If the Fundamentals of Engineering and/or Land Surveying examination was successfully completed in the State of Oregon, a verification request is not necessary. If you are applying using an NCEES Record, a verification is not required.

See the following ORSs and for detailed information: ORS 672.102, ORS 672.115 and ORS 672.123.



F: Reference Summary

Summarize your references; provide a minimum of five names, and at least three must be registered professionals

Reference #1 Name	Daytime Telephone	Occupation
Mailing Address	Registration No.	State of Registration
Reference #2 Name	Daytime Telephone	Occupation
Mailing Address	Registration No.	State of Registration
Reference #3 Name	Daytime Telephone	Occupation
Mailing Address	Registration No.	State of Registration
Reference #4 Name	Daytime Telephone	Occupation
Mailing Address	Registration No.	State of Registration
Reference #5 Name	Daytime Telephone	Occupation
Mailing Address	Registration No.	State of Registration

I've attached form F-ADD listing additional references

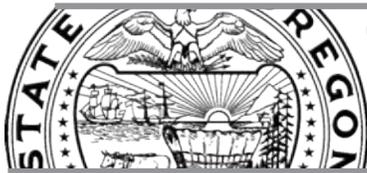
To go along with Section F: Reference Summary you must also complete and have others complete:

Form F-1: Reference Details (Not required when applying with an NCEES Record)

Have each reference listed above (and on Form F-ADD) complete a copy of Form F-1: Reference Details.

Qualifying experience accrued must be included in the application, and all qualifying experience must be certified as meeting the definition of engineering technician, land surveying technician, or photogrammetric mapping technician work, and/or engineering, land surveying, or photogrammetric mapping work by the registrant who was in responsible charge. These references must be kept in the original and **unopened** and signed envelopes and must be included in the package when it is submitted to OSBEELS.

See the following OARs for detailed information: OAR 820-010-0010 and OAR 820-010-0255.



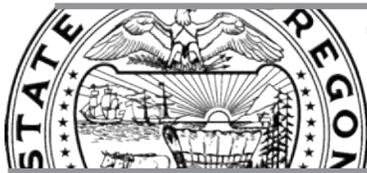
G: Experience Summary

List your experience in date order, beginning with your most recent or current position.		Work Time in Years and Months (for example, 2 years 0 months, 3 years 11 months)			
		performing engineering technician, land surveying technician, or photogrammetric mapping technician work		performing engineering, land surveying, or photogrammetric mapping work	
Employer/Company #1 Name	Start Date (Mo/Yr)	# Years	# Months	# Years	# Months
Position Held	End Date (Mo/Yr)				
Employer/Company #2 Name	Start Date (Mo/Yr)	# Years	# Months	# Years	# Months
Position Held	End Date (Mo/Yr)				
Employer/Company #3 Name	Start Date (Mo/Yr)	# Years	# Months	# Years	# Months
Position Held	End Date (Mo/Yr)				
Employer/Company #4 Name	Start Date (Mo/Yr)	# Years	# Months	# Years	# Months
Position Held	End Date (Mo/Yr)				
Employer/Company #5 Name	Start Date (Mo/Yr)	# Years	# Months	# Years	# Months
Position Held	End Date (Mo/Yr)				
		# Years	# Months	# Years	# Months
<i>Total from Form G-ADD (if applicable):</i>					
<i>Grand Total of All Experience Listed:</i>					

I've attached form G-ADD listing additional experience

To go along with Section G: Experience Summary you must also complete:

Form G-1: Experience Details (Not required when applying with an NCEES Record)



H: Social Security Guidelines

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. 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. 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.

By providing the following signature, you are agreeing to comply with the guidelines listed above

Signature

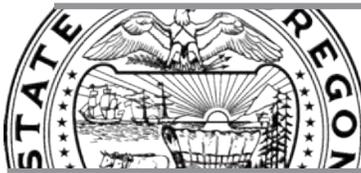
Date (Mo/Day/Yr)

I: Applicant Signature

I hereby certify under penalty of perjury that the information provided on this application is true and correct, and that the accompanying documents, if included, are genuine. 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

Date (Mo/Day/Yr)



Professional Engineers/Land Surveyors/Photogrammetrists

F-1: Reference Details for Reference # _____
for Section F, Reference Summary

Complete one copy for each reference. Fill out the Applicant Information section before delivering it to the reference for completion. Make sure the number used for their summary information in Section F of the Application form or on form F-ADD matches the number you write in the space above. When the reference returns this form to you put the original, **unopened**, and signed envelope in the package for mailing.

References need to have knowledge of your engineering technician, land surveying technician, or photogrammetric mapping technician work (if applicable) and engineering, land surveying, or photogrammetric work. Provide a minimum of five references; at least three must be registered professionals. For information regarding references, please refer to OAR 820-010-0255 and OAR 820-010-0010.

F-1: Applicant Information

Applicant Information

Applicant name

.....

Home/personal phone #

.....

Fax #

.....

Business phone #

.....

Where reference should mail completed form (include any apartment number)

.....

City

.....

State or Province

.....

Zip/Postal code

.....

Country

.....

Applying for:

- Professional *Engineering* Registration by Comity
- Professional *Land Surveying* Registration by Comity
- Professional *Photogrammetry* Registration by Comity

Discipline of Engineering (i.e. civil, mechanical, electrical):

.....

Type of Employment

Start date (Mo/Yr)

.....

End date (Mo/Yr)

.....

Full time

Part time

Name of Employer/Company

.....

Address

.....

Phone #

.....

Applicant's position

.....

Reference's position

.....

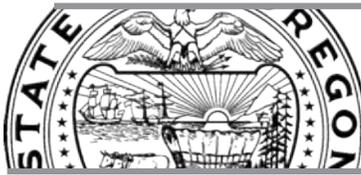
Applicant's duties and responsibilities

.....

.....

.....

.....

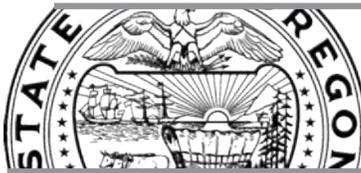


INSTRUCTIONS FOR REFERENCE

Your name appears as a reference that can attest to the applicant's ability and professional experience as a professional engineer, professional land surveyor, or professional photogrammetrist (as indicated in applicant section). In addition to the written record completed by the applicant, the Board needs the testimony of those who can, from personal knowledge, attest to the competency of the applicant in the field of practice for which the applicant has applied. Thus, the Board respectfully requests your assistance in fulfilling its responsibility to the extent of asking you to answer all the questions on this form.

Please complete the following sections and return this entire form to the applicant in a sealed envelope. Please sign your name across the sealed edge on the return envelope.

Reference Information	Reference Information				
	Reference name		Home/Personal phone #		
	State of current registration		PE/PLS/RPP #	Issue date	Expiration/Renewal date
	Field of practice		Name of current Employer/Company		
	Position in Employer/Company		Employer/Company phone #		
	Employer/Company fax #		Email address		
	Employer/Company address				
	City	State or Province	Zip/Postal code	Country	
	Kind of business				



Reference Information

Is the information stated by the applicant (on page 1 of this form) correct as stated?

Yes No I do not have adequate knowledge to reply

If NO, please explain: (In particular, note the stated time periods, duties, responsibilities, and relationship of the applicant to you.)

.....

.....

.....

Indicate when you had knowledge of the applicant's engineering technician, land surveying technician, or photogrammetric mapping technician work

Start date (Mo/Yr) End date (Mo/Yr)

.....

Comments

.....

.....

.....

Were you in "responsible charge" of the applicant's work as described in ORS 672.002 and OAR 820-010-0010?

Yes No I do not have adequate knowledge to reply

Supervised From (Mo/Yr) Supervised To (Mo/Yr)

.....

If YES, please explain:

.....

.....

.....

From your personal knowledge indicate your appraisal of the applicant's potential to practice engineering, land surveying or photogrammetric mapping by placing an "X" in the appropriate boxes below. If "unsatisfactory" box is checked, please explain in the comments box.

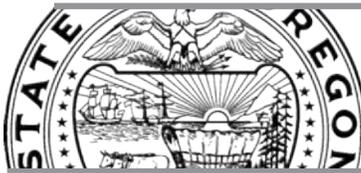
	SATISFACTORY	UNSATISFACTORY	UNKNOWN
Technical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

.....

.....

.....



Does the applicant's work meet the definitions as indicated in the ORS 672.005, ORS 672.020, ORS 672.025, and ORS 672.028.

Yes No

If NO, please explain:

.....

.....

.....

.....

.....

Would you employ the applicant in a position of trust?

Yes No

If NO, please explain:

.....

.....

.....

.....

Please review the ORS 672.045, the ORS 672.200, and the rules of Professional Conduct in Division 20 of OAR Chapter 820. Do you have reason to believe that the applicant has violated any of these standards?

Yes No

If YES, please explain:

.....

.....

.....

Do you have any reservations concerning this applicant?

Yes No

If YES, please explain:

.....

.....

.....

.....

Do you recommend that we check further?

Yes No

If YES, please explain:

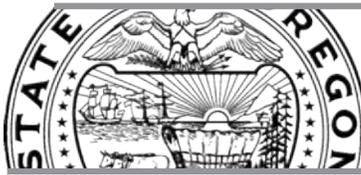
.....

.....

.....

.....

.....



Professional Engineers/Land Surveyors/Photogrammetrists
F-ADD: Additional References Addendum
for Section F, Reference Summary

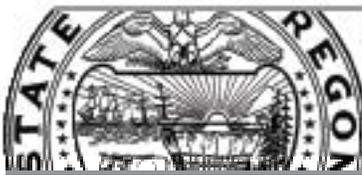
Applicant Name

F-ADD: Additional References	Summarize your additional references		
	Reference #6. Name	Daytime Telephone	Occupation
	Mailing Address	Registration No.	State of Registration
	Reference #7. Name	Daytime Telephone	Occupation
	Mailing Address	Registration No.	State of Registration
	Reference #8. Name	Daytime Telephone	Occupation
	Mailing Address	Registration No.	State of Registration
	Reference #9. Name	Daytime Telephone	Occupation
	Mailing Address	Registration No.	State of Registration

Have each reference listed above complete a copy of Form F-1: Reference Details.

Qualifying experience accrued must be included in the application, and all qualifying experience must be certified as meeting the definition of engineering technician, land surveying technician, or photogrammetric mapping technician work, and/or engineering, land surveying, or photogrammetric mapping work by the registrant who was in responsible charge. These references must be kept in the original and **unopened** and signed envelopes and must be included in the package when it is submitted to OSBEELS.

See the following OARs for detailed information: OAR 820-010-0010 and OAR 820-010-0255.



Professional Engineers/Land Surveyors/Photogrammetrists
G-ADD: Additional Experience Records
for Section G, Experience Summary

Applicant Name

G-ADD: Additional Experience	List your experience in date order, beginning with your current or most recent position. Time is calculated in years and months.		<i>Work Time in Years and Months</i> <i>(for example, 2 years 0 months, 3 years 11 months)</i>			
			performing engineering, land surveying, or photogrammetric work		performing engineering technician, land surveying technician, or photogrammetric mapping technician work	
	Employer/Company #6 name	Start Date (Mo/Yr)	# Years AND	# Months	# Years AND	# Months
	Position Held	End Date (Mo/Yr)				
	Employer/Company #7 name	Start Date (Mo/Yr)	# Years AND	# Months	# Years AND	# Months
	Position Held	End Date (Mo/Yr)				
	Employer/Company #8 name	Start Date (Mo/Yr)	# Years AND	# Months	# Years AND	# Months
	Position Held	End Date (Mo/Yr)				
	Employer/Company #9 name	Start Date (Mo/Yr)	# Years AND	# Months	# Years AND	# Months
	Position Held	End Date (Mo/Yr)				
<i>Total (transfer total to page 6 of the application form)</i>		# Years AND	# Months	# Years AND	# Months	

To go along with Section G: Experience Summary and Form G-ADD you must also complete:

Form G-1: Experience Details