



South Carolina Department of Labor, Licensing and Regulation
**South Carolina State Board of Registration for
 Professional Engineers and Surveyors**
 110 Centerview Dr. • Columbia • SC • 29210 (overnight)
 P.O. Box 11597 • Columbia • SC 29211-1597 (mailing)
 Phone: 803-896-4422 • Contact.ENGLS@llr.sc.gov • Fax: 803-704-6772
 www.llr.sc.gov/eng

REQUEST FOR VERIFICATION OF REGISTRATION OR EXAMINATION

To: _____
 Board Making Certification

Date: _____

File: _____

 Street or P.O. Box

 City State Zip

LICENSEE INFORMATION

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security No.: _____

THE ABOVE NAMED PERSON WAS CERTIFIED OR REGISTERED AS:

		Certificate Number	Date Issued	Valid Until
<input type="checkbox"/>	Professional Engineer			
<input type="checkbox"/>	Engineer-in-Training			
<input type="checkbox"/>	Surveyor-in-Training			
<input type="checkbox"/>	Professional Land Surveyor			

BASIS OF REGISTRATION

Written Examination:

	Hours	Results (Pass/Fail/Grade Cutoff Score)	NCEES Exam	Exam Date
FE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
PE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
FLS			<input type="checkbox"/> Yes <input type="checkbox"/> No	
PLS			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Examination Option: (Discipline) _____

Oral Examination: _____ hrs. PE _____ hrs. PLS

EIT/LSIT Accepted from: _____

PE/PLS Accepted from: _____

Other: _____

QUESTIONS

1. Has any disciplinary action been taken against the applicant? Yes No

2. If so, has this disciplinary case been satisfied to the Board's requirements? Yes No
If not, give details: _____

REMARKS

BY: _____ TITLE: _____ DATE: _____

(If a fee is required, **please notify the applicant**, but **do not delay** the processing of this form).