

State of Idaho
BOARD OF PROFESSIONAL ENGINEERS AND PROFESSIONAL LAND SURVEYORS

Name	
Street and Number or P.O. Box	
City	
State	Zip Code

Original application filed _____ Date _____

- PE EIT LS LSIT
 Continued Application
 Re-examination
 Reinstatement
 Supplemental Examination

- Complete the following:
- Update educational record
 Update experience record

If you have additional education or a degree has been granted since filing your original application, please furnish information below. You may use this space for both undergraduate and graduate work.

COLLEGE or UNIVERSITY

NAME AND LOCATION OF INSTITUTION	ATTENDANCE		CURRICULUM CE., ME., EE., etc.	Did You Graduate Yes or No	DATE IF GRADUATED	DEGREE RECEIVED
	FROM (Month and Year)	TO (Month and Year)				

EXTENSION AND CORRESPONDENCE WORK

Form OF-11, Request for Transcript, requests a transcript to be sent directly from the school to the Board, and can be obtained from the Board if not included with this Form No. 1-A. Transcripts are necessary if additional education affects your eligibility for registration.

The following section is for the purpose of updating your experience record. Please list all experience acquired since the date of your original application, giving all information indicated.

NO.	DATE		DESCRIPTION <i>In this column state:</i> a. nature, location and character of work; b. magnitude of work; c. name and title of supervisor; d. your duties	TIME ENGAGED To nearest month		NAME AND ADDRESS OF EMPLOYER
	FROM	TO		Total Time Year Mo	Total Time LS Experience Year Mo	
1.						
2.						

(OVER)

* To be filled in by Land Surveyor applicants only.

NO.	DATE		DESCRIPTION <i>In This column state</i> a. nature, location and character of work; b. magnitude of work; c. name and title of supervisor; d. your duties	TIME ENGAGED To nearest Month		NAME AND ADDRESS OF EMPLOYER
	FROM	TO		Total Time Year Mo	Total Time LS Experience Year Mo	
3.						
4.						
5.						
6.						
			(If insufficient space continue on separate sheet and attach)			
			Applicant's Summary of Total Time			
			Board's Summary of Total Time			

*To be filled in by Land Surveyor applicants only.

STATE OF _____ }
County of _____ } ss.

_____, being first duly sworn, deposes and says:
I, the Applicant named in this application, have read the contents hereof, and to the best of my knowledge and belief
the foregoing statements are true in substance and effect and are made in good faith.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 19__.

(SEAL)

Signature of Notary Public

My Commission expires _____ Residence _____

(DO NOT WRITE BELOW THIS LINE)