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Salem, Oregon 97301

tel. 503.362.2666  
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Web: [www.oregon.gov/osbeels](http://www.oregon.gov/osbeels)

***Fundamentals of Engineering (FE)/Fundamentals of Land Surveying (FLS)***  
**Instructions for Filling Out the**  
***Application for Examination Based on Non-accredited Degree, Experience Only or***  
***Combined Education and Experience (Long Form)***

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 Web site at [www.oregon.gov/osbeels](http://www.oregon.gov/osbeels). Click on the "Revised Statutes" link for the ORSs. Click on the "Administrative Rules" link for the OARs.

PLEASE NOTE: An official transcript demonstrating degree awarded must accompany the application package. If this form is not complete or if an official transcript, NCEES Credentials Evaluation or references are not included, the application package will be deemed incomplete and will not be considered.

**Who Should Fill Out the FE/FLS Long Form Application?**

- Individuals who do not have an accredited degree and are applying by other education (i.e., a master's degree, an engineering technology degree or a surveying technology degree).
- Individuals who have a non-accredited engineering degree from a foreign country. For this option, an NCEES Credentials Evaluation is required.
- Individuals who do not have an accredited degree and are applying by experience only or a combination of education and experience.

**Application Fees**

There are no fees associated with applying for the FE/FLS in Oregon. However, NCEES does charge examination registration fees. Please visit [www.ncees.org](http://www.ncees.org) for more information.

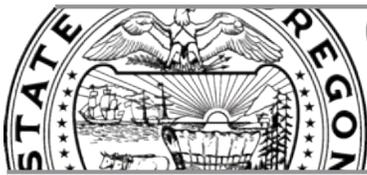
**General Instructions**

Step 1: Complete the Application form.

Step 2: Gather completed forms and documents and put together in a single package (see OAR 820-010-0215) for mailing.

Step 3: Send application package to the Oregon State Board of Examiners for Engineering and Land Surveying:  
OSBEELS  
670 Hawthorne Avenue SE  
Suite 220  
Salem, OR 97301

Step 4: Once you are approved for the exam, you will receive an email with information on how to register with NCEES. If correspondence has not been received from OSBEELS within 30 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: www.osbeels.org

Office Use Only - Date Received:

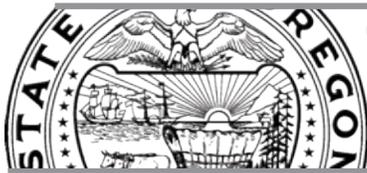
Office Use Only - ID #: .....

## **Fundamentals of Engineering (FE)/Fundamentals of Land Surveying (FLS)** **Instructions for Filling Out the** **Application for Examination Based on Non-accredited Degree, Experience Only or** **Combined Education and Experience (Long Form)**

| Fill out these Long Form sections if applying on the basis of: | A | B | C | D | E | F | G |
|----------------------------------------------------------------|---|---|---|---|---|---|---|
| Education                                                      | ✓ | ✓ | ✓ |   |   | ✓ | ✓ |
| Experience                                                     | ✓ | ✓ |   | ✓ | ✓ | ✓ | ✓ |
| Combined Education & Experience                                | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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                                                                                                                                                                                             |                                                                                                                                   | Applying for which examination?<br><input type="checkbox"/> FE <input type="checkbox"/> FLS |                                                  |
| 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?<br><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)                                                                                                                                                                    |                                                                                                                                   |                                                                                             | <input type="checkbox"/> Same as mailing address |
| City                                                                                                                                                                                                                                               | State                                                                                                                             | Zip                                                                                         |                                                  |



**B: 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?  Yes  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?  Yes  No

Are you currently practicing or offering to provide engineering, land surveying or photogrammetric mapping services for projects in Oregon?  Yes  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.*

**C: Education Summary**

Summarize your education

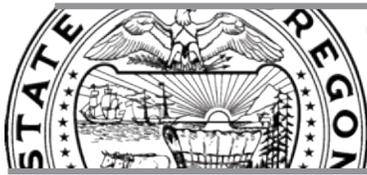
| Name of University/Institution | Attended (Mo/Yr to Mo/Yr) | Graduation Date | Degree Received |
|--------------------------------|---------------------------|-----------------|-----------------|
| .....                          |                           |                 |                 |
| Name 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 C: Education Summary you will also need to provide:

- Official Transcripts from each University/Institution listed
- NCEES Credentials Evaluation

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 the exam. This evaluation will be performed at your expense and you're responsible for submitting all necessary information to NCEES for evaluation services.



**D: Reference Summary**

**Summarize your references; provide a minimum of three names, and at least one must be a registered professional**

|                   |                   |                       |
|-------------------|-------------------|-----------------------|
| 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 |

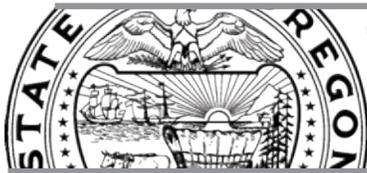
To go along with Section D: Reference Summary you must also complete and have others complete:

**Form D-1: Reference Details**

Have each reference complete a copy of Form D-1: Reference Details.

References need to have knowledge of your engineering technician, land surveying technician or photogrammetric mapping technician work. All qualifying experience must be certified as meeting the definition of engineering technician, land surveying technician or photogrammetric mapping technician 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.

For information regarding references, please refer to OAR 820-010-0227, OAR 820-010-0228, and OAR 820-010-0255.

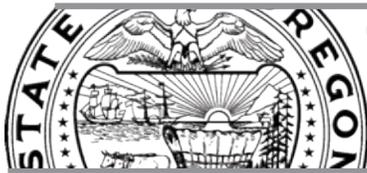


**E: Experience Summary**

| List your experience in date order beginning with your most recent or current position. Time is calculated in years and months up to the examination date. For information regarding experience, please refer to OAR 820-010-0010, OAR 820-010-0227 and OAR 820-010-0228. |                    | Work Time in Years and Months<br>(for example, 2 years 0 months, 3 years 11 months)                      |          |                                                                                                                      |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------|----------|
|                                                                                                                                                                                                                                                                           |                    | performing engineering technician, land surveying technician, or photogrammetric mapping technician work |          | performing non-engineering technician, non-land surveying technician, or non-photogrammetric mapping technician work |          |
| Employer/Company #1 name                                                                                                                                                                                                                                                  | Start Date (Mo/Yr) | # Years AND                                                                                              | # Months | # Years AND                                                                                                          | # Months |
| Position Held                                                                                                                                                                                                                                                             | End Date (Mo/Yr)   |                                                                                                          |          |                                                                                                                      |          |
| Employer/Company #2 name                                                                                                                                                                                                                                                  | Start Date (Mo/Yr) | # Years AND                                                                                              | # Months | # Years AND                                                                                                          | # Months |
| Position Held                                                                                                                                                                                                                                                             | End Date (Mo/Yr)   |                                                                                                          |          |                                                                                                                      |          |
| Employer/Company #3 name                                                                                                                                                                                                                                                  | Start Date (Mo/Yr) | # Years AND                                                                                              | # Months | # Years AND                                                                                                          | # Months |
| Position Held                                                                                                                                                                                                                                                             | End Date (Mo/Yr)   |                                                                                                          |          |                                                                                                                      |          |
| Employer/Company #4 name                                                                                                                                                                                                                                                  | Start Date (Mo/Yr) | # Years AND                                                                                              | # Months | # Years AND                                                                                                          | # Months |
| Position Held                                                                                                                                                                                                                                                             | End Date (Mo/Yr)   |                                                                                                          |          |                                                                                                                      |          |
| Employer/Company #5 name                                                                                                                                                                                                                                                  | Start Date (Mo/Yr) | # Years AND                                                                                              | # Months | # Years AND                                                                                                          | # Months |
| Position Held                                                                                                                                                                                                                                                             | End Date (Mo/Yr)   |                                                                                                          |          |                                                                                                                      |          |
|                                                                                                                                                                                                                                                                           |                    | # Years AND                                                                                              | # Months | # Years AND                                                                                                          | # Months |
| <i>Total of All Experience Listed:</i>                                                                                                                                                                                                                                    |                    |                                                                                                          |          |                                                                                                                      |          |

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

Form E-1: Experience Details



F: 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)

.....

G: 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)

.....



**Fundamentals of Engineering/Fundamentals of Land Surveying**

**D-1: Reference Details for Reference # \_\_\_\_\_**  
*for Section D, 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 in Section D of the Application form 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 a single package for mailing.

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

D-1: Applicant Information

**Applicant Information**

Applicant name .....

|                             |             |                        |
|-----------------------------|-------------|------------------------|
| Home/Personal phone # ..... | Fax # ..... | Business phone # ..... |
|-----------------------------|-------------|------------------------|

Where reference should mail filled-out form (include any apartment numbers) .....

|            |                         |                       |               |
|------------|-------------------------|-----------------------|---------------|
| City ..... | State or Province ..... | Zip/Postal code ..... | Country ..... |
|------------|-------------------------|-----------------------|---------------|

Applying for:  Fundamentals of *Engineering* Exam  Fundamentals of *Land Surveying* Exam

|                           |                          |                        |
|---------------------------|--------------------------|------------------------|
| Employment Schedule ..... | Start date (Mo/Yr) ..... | End date (Mo/Yr) ..... |
|---------------------------|--------------------------|------------------------|

Full time  Part time

|                                |               |                 |
|--------------------------------|---------------|-----------------|
| Name of Employer/Company ..... | Address ..... | Telephone ..... |
|--------------------------------|---------------|-----------------|

|                            |                            |
|----------------------------|----------------------------|
| Applicant's position ..... | Reference's position ..... |
|----------------------------|----------------------------|

Applicant's duties and responsibilities .....

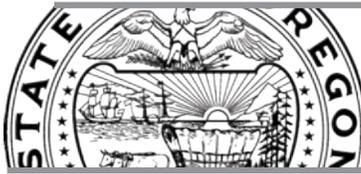
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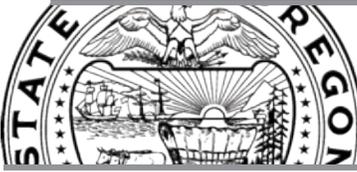


**INSTRUCTIONS FOR REFERENCE**

Your name appears as a reference that can attest to the applicant’s ability and professional experience as an engineering intern/land surveying intern (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.**

|                              |                               |                   |                                  |            |                         |
|------------------------------|-------------------------------|-------------------|----------------------------------|------------|-------------------------|
| <b>Reference Information</b> | <b>Reference Information</b>  |                   |                                  |            |                         |
|                              | 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              |                   |                                  |            |                         |



**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.**

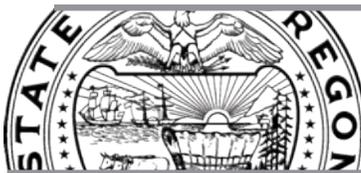
|                        | SATISFACTORY             | UNSATISFACTORY           | UNKNOWN                  |
|------------------------|--------------------------|--------------------------|--------------------------|
| Technical Competence   | <input type="checkbox"/> | <input type="checkbox"/> | <input 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:

.....

.....

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.....

Do you recommend that we check further?

Yes  No

If YES, please explain:

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