



# KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 SW Jackson Street, Suite 507, Topeka, KS 66612  
(785) 296-3053 | [www.ksbtp.ks.gov](http://www.ksbtp.ks.gov)

## APPLICATION FOR PROFESSIONAL ENGINEER LICENSURE BY COMITY

**INSTRUCTIONS:** Applicants should read all statutes, rules and regulations for specific details regarding requirements. All statutes, rules & regulations are available on our website.

- ◇ Application must be complete and received by KSBTP 30 days prior to the next scheduled meeting of the Board. See schedule of KSBTP Board Meetings on our website.
- ◇ Certificate of Authorization: If you will be practicing or offering to practice through a business entity in Kansas the business entity must have a Certificate of Authorization approved by our Board in order to be in compliance with the law in this state. To review the statutes and rules governing Kansas licenses, Certificates of Authorization, plus important announcements and other related information, please see our website.

### A COMPLETE APPLICATION WILL INCLUDE THE FOLLOWING:

If any of the above requirements are verified in your NCEES record they are not required to be sent in separately.

1. **COMPLETED APPLICATION FORM** — Print completed form, sign and date, then send all information to KSBTP. Pending applications are kept on file for one year.
2. **NON-REFUNDABLE APPLICATION FEE \$250** — Make check or money order payable to: *Kansas State Board of Technical Professions*
3. **NCEES RECORD** — KSBTP accepts the NCEES Council record. Send pages 2 and 3 of this application to KSBTP. Request a council record containing transcripts, references and experience be sent directly to KSBTP. ([www.ncees.org](http://www.ncees.org))
4. **TRANSCRIPTS** – Official transcripts are required for all educational credit claimed. Send an "official," sealed transcript or have the school send a transcript directly to KSBTP. Do not send photocopies or unsealed transcripts. If officially licensed after January 1, 1993, foreign baccalaureate engineering degrees must be evaluated by NCEES. (See Special Instructions on page 8.)
5. **PROFESSIONAL REFERENCES** — Applicant is required to have a minimum of three licensed professional engineers as references. Four years of experience must be verified by a person familiar with your engineering experience. Any licensed individual who verifies your experience may be counted as one of the professional references. K.A.R. 66-10-9(d) requires that these professional engineers be licensed in the United States. Send a copy of the completed professional experience record with reference form instructions (Page 6) to the three references. Professional reference forms must be returned directly to the board office from the person supplying the information. Relatives may not serve as references. The Reference Forms may be 'handwritten.'
6. **VERIFICATION OF EXAM** — Request an electronic verification through the NCEES verification system for all exams and one current license. Go to <https://account.ncees.org/login>. Once you login click on "Exam verification" and "License verification" from the "Common Tasks" shown on the dashboard screen. Once the process has been completed and the Kansas Board has been sent your verification, you will receive an email notice. If the State Board you are requesting verification from is not listed on the NCEES form, contact that Board for instructions.

**Application is not complete until the application and supporting documentation have been received by the board office. Only complete applications will be submitted to the Board for evaluation. Applicant will be no-**

**MAIL COMPLETE APPLICATION FILE TO KSBTP AT ADDRESS LISTED ABOVE.  
Handwritten or incomplete forms will NOT be accepted.**

**Keep a copy of this application for your records.**



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### 1. GENERAL INFORMATION:

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Gender : M | F  
(First/Middle/Last)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Preferred Mailing: Home  
Home Address: \_\_\_\_\_ Business  
(Street Address) (City) (State) (Zip)

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

### 2. EDUCATION: (Information required even if submitting NCEES record)

Official Transcripts are:      Enclosed      School will send      In NCEES Record      Degree Eval Submitted

\*We will NOT accept unofficial transcripts, unsealed transcripts or photocopies/faxed copies. Please notify Board of degree eval submission.

Name & Location of Institution	Dates Attended	Date Graduated	Degree Received (i.e. BS Civil Engineering)

### 3. LICENSURE HISTORY:      List Intern Certifications and Current PE License(s).

Type of Certificate or Exam	Original State	Date of Exam	NCEES Exam (Yes/No)	PASS or FAIL	License or Certificate Number	Date License Issued
Fundamentals of Engineering Exam						
Other Professional Engineering Exam						

### 4. LIST OTHER STATES WHERE CURRENTLY LICENSED: \_\_\_\_\_

\_\_\_\_\_



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### **5. CERTIFICATE OF AUTHORIZATION REQUIREMENT FOR BUSINESS ENTITY**

Will you be practicing, contracting or offering to practice a technical profession through a business entity in Kansas once approved for licensure?                      Yes                      No

If **YES**, once the Responsible Principal has been issued an individual Kansas license, submit a complete application for a KSBTP *Certificate of Authorization for a Business Entity* available on our website. In accordance with K.S.A. 74-7036, a business entity practicing or offering to practice a technical profession in Kansas must obtain a Certificate of Authorization.

If the business entity has a KSBTP Certificate of Authorization, please complete the following information:

Business Entity Name: \_\_\_\_\_ Certificate of Authorization #: \_\_\_\_\_

**6. SIGNATURE:** Have you ever been convicted of a felony, or had any disciplinary or administrative action taken against your license in another jurisdiction?                      Yes                      No                      |                      Felony                      Disciplinary                      Admin Action

If **YES**, please attach a letter of explanation & supporting documentation.

**I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STOP HERE IF SUBMITTING A VERIFIED NCEES RECORD**

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(1) From MM/YY	(2) To MM/YY	(3) Experience Engagements	(4) Total Time YR/MO	(5) Non-Eng. YR/MO	(6) Eng. YR/MO	(7) Professional Reference Familiar with Engineering Engagement
		TOTALS (Column 4=5+6)				

(Y/M) (Y/M) (Y/M)

**\*\*To report additional experience, print this form, clear it, and enter next engagement(s).**

**APPLICANT NAME:** \_\_\_\_\_

## **KSBTP REFERENCE SUMMARY FORM**

APPLICANT NAME: \_\_\_\_\_

Please list the name of licensed professionals who will provide references.

1.)
2.)
3.)

List references who can verify professional experience listed on experience record and are licensed in your profession. Use Reference Forms pages 6 & 7 for this purpose.

Applicant is required to have a minimum of three licensed professional engineers as references. Four years of experience must be verified by a person familiar with your engineering experience. Any licensed individual who verifies your experience may be counted as one of the professional references. K.A.R. 66-10-9(d) requires that these professional engineers be licensed in the United States.

Send a copy of the completed professional experience record with reference form instructions (Page 6) to the three references. Professional reference forms must be returned directly to the board office from the person supplying the information. Relatives may not serve as references. The Reference Forms may be 'handwritten'

Incomplete reference forms will be returned back to the reference for completion.

**PLEASE RETURN THIS PAGE WITH YOUR APPLICATION**



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## NOTICE OF REFERENCE REQUEST

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### APPLICANT INFORMATION: (To be completed by APPLICANT)

1. APPLICANT NAME: \_\_\_\_\_
2. Date for form to reach KSBTP: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference Address: \_\_\_\_\_

**To the Reference:** Any engineering experience credit requested after May 1, 1988 for an exam applicant, must be performed under the direct supervision of a licensed Professional Engineer, unless that work is exempt from this requirement as defined in K.A.R. 66-10-9(b)(2). The applicant listed above has given your name as a supervisor for or one who is intimately acquainted with one or more experience engagements listed in the experience record form accompanying this reference form. This Board is required by law to obtain evidence of the technical ability of applicants for licensure. Statements by responsible individuals with personal knowledge of the applicant's qualifications will be considered as evidence. Additional information may be attached. The Reference Form may be 'handwritten'. Please write legibly.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be licensed. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for licensure as a professional engineer in Kansas.

Since the Board cannot process this application until receipt of this reference, a prompt reply will expedite the handling of the application. **Your professional seal is required on this form. If you have no seal, please send a copy of your license, pocket card, or online verification.**

***THIS INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE.***

The **REFERENCE FORM FOR EXPERIENCE VERIFICATION** (which should be enclosed with this Notice) is to be returned directly to the board office:

**KANSAS STATE BOARD OF TECHNICAL PROFESSIONS  
900 SW JACKSON, SUITE 507  
TOPEKA, KS 66612**



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## REFERENCE FORM FOR EXPERIENCE VERIFICATION

APPLICANT NAME: \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT:**

Have you and the Reference been employed by or members of the same business entity? Yes  No   
If YES, please complete the following information.

From To (MM/YY)	First Engagement	Other Engagement
Name of Business Entity		
City		
Applicant's Position		
Reference's Position		

Have you known each other in other circumstances? Yes  No   
If YES, give dates and explanation: \_\_\_\_\_

**TO BE COMPLETED BY REFERENCE: (Reference form may be 'handwritten'. Please write legibly.)**

- I have known the applicant for \_\_\_\_\_ years, from \_\_\_\_\_ to \_\_\_\_\_ (MM/YY)
- Is the information listed above correct as stated? Yes  No  If, no, explain on separate sheet
- Professional relationship to applicant (i.e. supervisor, co-workers, etc.): \_\_\_\_\_
- How many years has applicant been engaged in engineering work? \_\_\_\_\_ In responsible charge of engineering work? \_\_\_\_\_
- Would you recommend this applicant be licensed? Yes  No

6.	Excellent	Satisfactory	Poor
Please rate applicant's:	—	—	—
Professional Reputation			
Technical Knowledge			
Competence			

OTHER COMMENTS: \_\_\_\_\_

### I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

State: \_\_\_\_\_ License #: \_\_\_\_\_ Year Issued: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE





## KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

**KANSAS COMITY/RECIPROCITY INFORMATION:** Pursuant to K.S.A. 74-7024, the Kansas board will accept an applicant by comity or reciprocity provided the qualifications at the time the original license was issued would have met Kansas requirements if the application had been made in Kansas on that date.

### REQUIREMENTS FOR PROFESSIONAL ENGINEERS

If you were

originally licensed: Kansas Requirements

- |                |  |
|----------------|--|
| Prior to 1947  | (a) None   |
| 1947 – 1952    | (a) EAC/ABET accredited engineering degree; OR<br>(b) 8 years experience and 16 hours examination; OR<br>(c) 35 years of age plus minimum of 12 years experience.  |
| 1953 – 1960    | (a) EAC/ABET accredited engineering degree and 4 years experience; OR<br>(b) 8 years experience plus 16 hours examination; OR<br>(c) 35 years of age plus minimum of 12 years experience.  |
| 1961 – 1968    | (a) EAC/ABET accredited engineering degree, 4 years experience and 16 hours examination OR<br>(b) 8 years experience and 16 hours examination; OR<br>(c) 12 years or more experience plus 8 hours examination.   |
| 1969 – 1977    | (a) EAC/ABET accredited engineering degree, 4 years experience and 16 hours examination; OR<br>(b) 8 years or more experience and 16 hours examination; OR<br>(c) Accredited engineering degree, 12 years or more experience, and 8 hours examination.                         |
| 1978 – 1992    | (a) EAC/ABET accredited engineering degree, 4 years experience and 16 hours examination; OR<br>(b) 8 years or more experience and 16 hours examination; OR<br>(c) Accredited engineering degree, 25 years or more experience, oral fundamentals exam and 8 hours written exam. |
| 1993 – Present | (a) EAC/ABET accredited engineering degree, 4 years experience and 16 hours NCEES examination.   |

**\*\* For those licensed since January 1, 1993, Technology degrees are not accepted by the Board.**

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**SPECIAL INSTRUCTIONS FOR APPLICANTS WITH BACCALAUREATE ENGINEERING DEGREES FROM OUTSIDE THE UNITED STATES:** If originally licensed after Jan. 1, 1993, any applicant with a baccalaureate engineering degree from outside the United States must have that degree evaluated by NCEES before educational credit may be considered by the board. According to K.A.R. 66-9-4, a college or university program that is adequate in its preparation of students for the practice of engineering means a baccalaureate engineering curriculum accredited by the Engineering Accreditation Commission of ABET (EAC/ABET). Any other engineering curriculum which has not been accredited by EAC/ABET but has been evaluated and found to be of an equivalent standard, may be reviewed and accepted by the board.

**NCEES CREDENTIALS EVALUATIONS | [www.ncees.org](http://www.ncees.org) | Phone: 1-800-250-3196 or (864) 654-6824**

**\*Request a report be sent to KSBTP\***

**NOTE:** All questions regarding the evaluation of your degree should be directed to NCEES.

- The Board will make the final determination of the education requirement per K.A.R. 66-9-4.
- Send degree materials as soon as possible as a thorough evaluation of educational credentials may take several months.