



KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 SW Jackson Street, Suite 507, Topeka, KS 66612

(785) 296-3053 | www.ksbtp.ks.gov

APPLICATION FOR REINSTATEMENT OF LICENSE

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

- ◇ This application is for the reinstatement of a lapsed or cancelled Kansas professional license for Architecture, Professional Engineering, Professional Geology, Landscape Architecture or Professional Surveying.
- ◇ For reinstatement, **KSBTP does NOT accept a national council record** (NCEES, NCARB, CLARB) as documentation. Only submit the forms contained in this packet.
- ◇ Certificate of Authorization: You must obtain a Certificate of Authorization if you will be practicing or offering to practice through a business entity in Kansas 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:

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. Use Kansas seal even if Kansas license is cancelled.
2. **NON-REFUNDABLE APPLICATION FEE \$100** — Make check or money order payable to: *Kansas State Board of Technical Professions*
3. **PROFESSIONAL REFERENCES** — You need **three** professionals licensed in your profession. 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'
4. **PROJECT LIST** — Provide a list of all projects worked on since Kansas license expired. List will include dates, project names and project locations (Page 5).
5. **CONTINUING EDUCATION REPORT FORM** — As per K.A.R. 66-14-8, each reinstatement applicant must submit proof of compliance with the continuing education requirements in accordance with K.A.R. 66-14-1 through 66-14-12. Complete the "Reinstatement Continuing Education Report Form" and send documentation for 30 PDHs earned in the previous 2 years from the date of this application for Board review. (Page 6)

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 notified in writing of Board action.

**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.



For Office Use Only: Amount: _____ Date: _____

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1. GENERAL INFORMATION:

Name: _____ Maiden Name: _____ Gender : _____
(First/Middle/Last)

Social Security #: _____ Date of Birth: _____ Preferred Mailing: _____

Home Address: _____
(Street Address) (City) (State) (Zip)

Cell: _____ Work: _____ Email: _____

Business Name: _____ Business Address: _____
(Street Address) (City) (State) (Zip)

Kansas License Number: _____ Profession: _____ Date License Lapsed: _____ (MM/DD/YY)

Reason License was allowed to lapse: _____ Reason for Reinstatement: _____

State licenses maintained during lapsed period: _____

2. REFERENCE SUMMARY: List names of the licensed professionals who will provide references:

1. _____
2. _____
3. _____

List references that are familiar with your professional experience since your Kansas license lapsed and who are licensed in your profession. Make 3 copies of the Reference forms, complete applicant information and send to References. Forms should be returned directly to KSBTP by the reference.

3. 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 #: _____

4. 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 apply for Reinstatement of my Kansas professional license. In making this application, I hereby affirm the above information is correct and do further affirm that during the period in which my license has not been in good standing with the Kansas Board, I have violated no other provision of the statutes and rules and regulations of Kansas, except as specifically described:

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

Signature

Date



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NOTICE OF REFERENCE REQUEST

APPLICANT INFORMATION: (To be completed by APPLICANT)

Applicant Name: _____

Employed By: _____ Dates of Employment (From—To): _____

Job Title: _____

Duties and Responsibilities: _____

Reference Name: _____

Reference Address: _____

To the Reference: The applicant listed above has filed a Reinstatement Application with this Board. In accordance with K.S.A. 74-7025, the applicant has given your name as someone who has personal knowledge of the applicant's professional qualifications for licensure.

The Board requests your cooperation in answering the questions thoroughly and with the utmost frankness. The Board will hold your reply in confidence. Your action in returning the form promptly will be appreciated by the Board and will expedite the processing of the application.

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**

-Mary Leigh Dyck, KSBTP Executive Director



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REFERENCE FORM FOR EXPERIENCE VERIFICATION

APPLICANT NAME: _____

ALL INFORMATION ON THIS FORM IS FOR BOARD USE ONLY AND WILL BE CONSIDERED CONFIDENTIAL.

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

Name: _____

Address: _____

Phone: _____ Email: _____

Profession & License #: _____ State: _____

I have known the applicant for _____ years, from _____ to _____.

I concur with the applicant's job title and description on the previous page, including the time frame, type of work and duties of the job. Yes No

Comments:

Further comments on applicant's ability, professional attitude and responsibility in work performed.

Additional comments:

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE

DATE

COMPANY NAME:

POSITION TITLE:



