



STATE BOARD OF REGISTRATION FOR PROFESSIONAL  
**ENGINEERS AND SURVEYORS**  
 77 SOUTH HIGH STREET SUITE 2472  
 COLUMBUS, OHIO 43215  
 PHONE 614-466-3651 WWW.PEPS.OHIO.GOV

## REINSTATEMENT OF LICENSURE – INFORMATION REQUEST

**TO BE COMPLETED BY APPLICANT**

NAME  
 \_\_\_\_\_

MAILING ADDRESS LINE 1  
 \_\_\_\_\_

MAILING ADDRESS LINE 2 (ONLY IF NEEDED) U.S. SSN (LAST 4 ONLY)  
 \_\_\_\_\_

CITY, STATE, ZIP EXAM/LICENSE INFORMATION COMING FROM WHAT STATE?  
 \_\_\_\_\_

**TO BE COMPLETED BY AUTHENTICATING U.S. BOARD – FOR REINSTATEMENT OF LICENSURE**

**APPLICANT IS REGISTERED AS:**

	LICENSE NUMBER	ISSUED DATE	EXPIRATION DATE
<input type="checkbox"/> P.E. PROFESSIONAL ENGINEER	_____	_____	_____
<input type="checkbox"/> P.S. PROFESSIONAL SURVEYING	_____	_____	_____

**HAS THE APPLICANT'S REGISTRATION/LICENSE BEEN DELINQUENT OR INTERRUPTED FOR ANY REASON?**

NO  YES IF YES, PLEASE EXPLAIN  
 \_\_\_\_\_

**HAS DISCIPLINARY ACTION BEEN TAKEN AGAINST THE APPLICANT?**

NO  YES IF YES, PLEASE EXPLAIN AND INCLUDE SUPPORTING DOCUMENTATION  
 \_\_\_\_\_

**INFORMATION PROVIDED BY:**

PRINTED NAME, TITLE  
 \_\_\_\_\_

SIGNATURE DATE  
 \_\_\_\_\_