



Commonwealth of the Northern Mariana Islands
BOARD OF PROFESSIONAL LICENSING
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APPLICATION TO PRACTICE

BPL STAFF USE ONLY: Date Received:
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Initial	Comity	Reconsideration	Temporary Permit
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<i>Engineer-Intern</i>	<i>Engineering</i>				
Branch of Engineering	Civil	Chemical	Electrical	Mechanical	Structural
Architecture	Land Surveyor-Intern	Land Surveyor	Landscape Architecture		
Other: _____					

NCEES Council of Record Holder – Record No:	
NCARB Certificate Holder – Certificate No:	
(NCARB Certificate or NCEES Council Record submitted to the Board shall be accepted in lieu to the information required on the application furnished by the board. Application must still be signed and notarized under the oath and a photograph attached, as required under Section 19 of the application).	

APPLICATION FEE IS \$100.00 PAYABLE TO “CNMI TREASURER”

APPLICATION INFORMATION – Please Type or Print Neatly

1. Last:	First:	Middle:
2. Birthdate:		3. Social Security No.:
4. Personal Mailing Address:		Company/Business Address:
Phone/Fax No.:		Phone/Fax No.:
5. Citizenship:		Email Address:
6. Valid Engineer-Intern/Land Surveyor Intern License: (Attach copy of license/certificate or letter as evidence)		
State: _____ Number: _____ Date: _____		
The following is a list of states and/or countries from which I have received a license to practice engineering, architecture, land surveying, or landscape architecture (photocopies of certificate/license, or confirmation of examining board must accompany this application).		

7. In column entitled “How Obtained”: Insert “A” (residence in State when law was first enacted), “B” (oral examination), “C” (written examination – indicate number of exam hours), “D” (reciprocity), “E” (Education and experience), as applicable.

State	Branch	Date Granted	License No.	How Obtained

8. In the branch of engineering for which I am applying, I consider myself by reason of training and experience, proficient in the specialties:

9. Have you made prior application in any state or territory for licensure as an Architect, Engineer, Land Surveyor, or Landscape Architect? If so, give state, date and profession applied for.

10. Have you ever been suspended or have your license/certificate revoked? _____ if so, explain.

11. Have you ever been convicted of a criminal offense (except minor traffic violations with less than a \$250.00 fine)? If so, give state, nature of offense and punishment.

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12. I am a member in good standing of the following professional organizations:

	Organization	Address	Title

13. List (5) references, the first three shall be licensed in the profession for which you are applying, and, if engineering, shall be licensed in the branch of engineering specified on your application. These people must have personal knowledge of your professional experience, qualifications and moral character. For engineering-intern/surveyor-intern, three-character references will suffice.

Name:	Professional Title:
Company Name/Address:	Phone & Fax:
Email Address:	
Name:	Professional Title:
Company Name/Address:	Phone & Fax:
Email Address:	
Name:	Professional Title:
Company Name/Address:	Phone & Fax:
Email Address:	
Name:	Professional Title:
Company Name/Address:	Phone & Fax:
Email Address:	
Name:	Professional Title:
Company Name/Address:	Phone & Fax:
Email Address:	

14. The nature and extent of my education is as follows:

Preparatory (Grammar, High Schools)			
Name/Location	Attendance Yr. to Yr.	Did you Graduate?	Date of Graduation

15. College, University Graduate Studies. Indicate here only fulltime enrollment not night or extension classes.

Name/Location of Institution	Attendance from mm/yy	Attendance to mm/yy	Course of Study	Type of Degree

16. Other schooling (extensions and correspondence education, scholarships, etc.).

Experience

17. Number each engagement in order, beginning with your present engagement in the practice of architecture, engineering, land surveying or landscape architecture. Summarize each engagement, but provide sufficient detail to signify the degree your responsibility and the nature of the decisions you have been required to make. Also indicate that you have had the progressive experience under the direct supervision of a licensed architect, engineer, land surveyor, or landscape architect, of a grade and character, which indicate that you are competent to be licensed. Additional sheets may be used as necessary to describe your complete experience record.

Engagement No.:	From:	To:
Total Months:		
Name of Organization:		
Address:		
Phone/Fax No.:		
Kind of Business:	Name and Title of Immediate Supervisor:	
Address:	Type of License:	
State:	Phone/Fax No.:	
Summary of Engagement:		

Engagement No.:	From:	To:
Total Months:		
Name of Organization:		
Address:		
Phone/Fax No.:		
Kind of Business:	Name and Title of Immediate Supervisor:	
Address:	Type of License:	
State:	Phone/Fax No.:	
Summary of Engagement:		

Engagement No.:	From:	To:
Total Months:		
Name of Organization:		
Address:		
Phone/Fax No.:		
Kind of Business:	Name and Title of Immediate Supervisor:	
Address:	Type of License:	
State:	Phone/Fax No.:	
Summary of Engagement:		

Engagement No.:		From:	To:
Total Months:			
Name of Organization:			
Address:			
Phone/Fax No.:			
Kind of Business:		Name and Title of Immediate Supervisor:	
Address:		Type of License:	
State:		Phone/Fax No.:	
Summary of Engagement:			

Engagement No.:		From:	To:
Total Months:			
Name of Organization:			
Address:			
Phone/Fax No.:			
Kind of Business:		Name and Title of Immediate Supervisor:	
Address:		Type of License:	
State:		Phone/Fax No.:	
Summary of Engagement:			

18. My practical experience is summarized below (Note: to be completed by applicant for the **ARCHITECT** profession only).

Name and Address of Employer	Time and Percentage spent in each type of work.										Comments	
	Total Time Employed	Design	Working Drawing	Building Engineering	Specifications	Professional Administration	Teaching or Research	Public Service	Other	TOTAL		
1.	Mos.											
	%											
2.	Mos.											
	%											
3.	Mos.											
	%											
4.	Mos.											
	%											
5.	Mos.											
	%											
6.	Mos.											
	%											
7.	Mos.											
	%											
8.	Mos.											
	%											
9.	Mos.											
	%											
10.	Mos.											
	%											

19. **IMPORTANT:** Photocopies of diplomas or certified transcripts of all college course and degrees must accompany this application, along with your EIT Certificate, Professional License and current wallet size card from the state where license was acquired. All references and employers listed under section 13 and 17 will be contacted by the Board for verification of experience. This information must be received by the board before the application will be considered. Therefore, it is necessary that complete names and addresses be included.

An original application shall be submitted on the printed form of the Board, attested before a notary public, accompanied by a signed passport-size photograph of the applicant and such evidence, statements, or documents are required by said application form.

The above photograph shall be an unmounted recognizable photograph (size 2"x2-1/2" overall) not profile, not retouched, taken within 30 days of submission of this application. Affix your signature and date on the lower righthand corner of the photograph.

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

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ 20____

Signature of Notary Public

My commission expires: _____

