



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

Initial Comity Reconsideration Temporary Permit

Application to practice Engineering, Architecture, Land Surveyor or Landscape Architecture in the Commonwealth of the Northern Mariana Islands (CNMI). Application shall be for the profession or branch only and must be typed or printed in ink.

Engineer-Intern Engineering
 Branch of Engineering: Civil Structural Mechanical Electrical Chemical Other
 Architecture Land Surveyor-Intern Land Surveyor Landscape Architecture

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).

I, _____, on this _____ day of _____, _____ hereby make application for the above profession and enclose the application fee of \$_____ payable to the CNMI Treasurer. I further submit, as provided by law, under oath the following information as evidence of my qualifications.

1. My personal mailing address is _____
 _____ Phone/Fax _____

2. My business/company address is _____
 _____ Phone/Fax _____

E-mail Address: _____

3. I was born in _____ on _____ / _____ / _____
 City State Country Mo Day Yr
 Age _____ Social Security No. _____

4. I have been a resident in the CNMI since _____ (CNMI residence not required for registration).

5. Citizenship: U.S. Citizen Permanent Resident Alien – Alien reg. No. _____

6. I now hold a valid Engineer-Intern/Land Surveyor Intern License obtained by passing a written examination (complete only if applying for engineering or surveying profession).

Yes No (Attach copy of license/certificate or letter as evidence)

State: _____ Number: _____ Date: _____

7. 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).

In column entitled “How Obtained” Inset “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.

<u>State</u>	<u>Branch</u>	<u>Date Granted</u>	<u>License No.</u>	<u>How Obtained</u>

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 any suspended or revoked license/certificate? _____ 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.

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

<u>Organization</u>	<u>Address</u>	<u>Title</u>

13. List (5) references, the first three of which 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, moral character (for engineering-intern/surveyor-intern, three character references will suffice).

Name: _____ Professional Title: _____
Company Name and Complete Address _____
Phone and Fax: _____ Email Address: _____

Name: _____ Professional Title: _____
Company Name and Complete Address _____
Phone and Fax: _____ Email Address: _____

Name: _____ Professional Title: _____
Company Name and Complete Address _____
Phone and Fax: _____ Email Address: _____

Name: _____ Professional Title: _____
Company Name and Complete Address _____
Phone and Fax: _____ Email Address: _____

Name: _____ Professional Title: _____
Company Name and Complete Address _____
Phone and Fax: _____ Email Address: _____

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

A. Preparatory (Grammar, High Schools)

<u>Name/Location</u>	<u>Attendance Yr. to Yr.</u>	<u>Did you Graduate?</u>	<u>Date of Graduation</u>

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

<u>Name/Location</u>	<u>Attendance Yr. to Yr.</u>	<u>Course</u>	<u>Date of (CE, EE, ect.)</u>	<u>Degree Graduation</u>	<u>Received</u>

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

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:

18. My practical experience is summarized below (to be completed by applicants for the architect profession only).

Name and Address of Employer	Time and Percentage of time 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.											
	%											

19. **IMPORTANT:** Photocopies of diplomas or certified transcripts of all college course an 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" over all) not profile, not retouched, taken within 30 days of submission of this application. Affix your signature and date on the lower right hand 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

(Seal)

My commission expires: _____