



TEXAS BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS
 1917 IH 35 South, Austin, Texas 78741
 Phone: (512) 440-7723, Fax: (512) 442-1414

FOR BOARD USE ONLY
 Date App & Fee Accepted:
 Licensure Fee:

APPLICATION FOR REACTIVATION OF LICENSURE AS A PROFESSIONAL ENGINEER

All information on this form is subject to verification by the Board.

All information provided by you on this form must be TYPEWRITTEN (HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED).

Conditions Required to Return to Active Status:

- Provide all required documentation. Omission of any required information may prevent the processing of your application.
- There is no fee to return to Active Status.
- A license holder must comply with the continuing education program requirements for inactive license holders returning to practice.
- Submit your fingerprints for the criminal history record check (if not previously submitted). Refer to: <http://pels.texas.gov/recordcheck>
- This application and supporting documents may be emailed to: licensing@pels.texas.gov.

Last 4 Digits of Social Security Number: _____ PE Number: _____ Date of Birth: _____

Full Legal Name (first, middle, last, suffix): _____

(Name changes must be supported by a copy of the legal document.)

Addresses: (Your residence address will be the address of record for all Board correspondence unless notified otherwise.)

E-mail Address: _____

Residence

Street: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Business

Firm Name: _____

Street: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Yes No Have you ever been convicted of a felony or misdemeanor, other than a simple traffic violation?
 (An affirmative answer to question No.7 must be accompanied with a statement describing criminal convictions, accompanied by copies of any legal documentation.)

Yes No I attest that I have completed the required hours of continuing education training per Board Rule §137.17(o).
 (Please attach copies of CEP supporting documentation along with this form (example: certificates of completion, etc.).
 The Board will not accept only a CEP log sheet as supporting documentation.)

Yes No I attest that I have submitted my fingerprints in compliance with the Criminal History Record Check requirements.
Please select in state or out of state and fill out the appropriate information below:

In State (electronically at a Morphotrust location)
 UEID Number (received at fingerprint appointment): _____

Date (date of fingerprinting): _____

--OR--

Out of State (ink fingerprint card mailed to Morphotrust)
 Registration ID (received from Morphotrust during Identogo signup): _____

Date CHRC Documents Were Mailed: _____

Tracking Info (Fedex#, USPS priority mail#, etc.): _____

I affirm that I am the applicant named in the foregoing instrument, that I have read the contents thereof, and that the foregoing statements are true and complete in all respects. I have read and agree to abide by the Texas Engineering Practice Act and the Board Rules. I believe that I meet the statutory requirements of the section of the Act under which I am applying for reactivation of licensure in the State of Texas.

 Signature of Applicant

 Date