

**South Dakota Board of Technical Professions**

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**STATE LICENSE VERIFICATION FORM**

<i>Name of State Licensing Board</i>	<i>Name of Applicant</i>
<i>State Board Address</i>	<i>Applicant's Address</i>
<i>City, State, Zip</i>	<i>City, State, Zip</i>

<i>Social Security #</i>	<i>Date of Birth</i>
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The applicant named above was licensed as  <input type="checkbox"/> Engineering Intern <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Surveying Intern <input type="checkbox"/> Land Surveyor <input type="checkbox"/> Architect	Certificate Number  _____ _____ _____ _____ _____	Date Issued  _____ _____ _____ _____ _____	Expiration Date  _____ _____ _____ _____ _____
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Basis of License	Hours	Results <i>(Pass/Fail)</i>	NCEES <i>(Yes/No)</i>	Exam Date
Written Examination				
FE	_____	_____	_____	_____
PE	_____	_____	_____	_____
FLS	_____	_____	_____	_____
PLS	_____	_____	_____	_____

Architect: Attach score information for each exam division.

Engineering Exam Discipline was \_\_\_\_\_

NCEES cut-off scores were accepted without changes.     Yes     No

FE/FLS was accepted from the state of \_\_\_\_\_

PE/PLS was accepted from the state of \_\_\_\_\_

Has any disciplinary action been taken against this applicant?     Yes     No

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

*(If a fee is required, please notify the applicant.)*

**(Board Seal)**