

#### New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Professional Engineers and Land Surveyors
P.O. Box 45015, Newark, New Jersey 07101
(973) 504-6460

# Instructions for Completing the Application for Reinstatement, Reactivation and Resumption of Practice

Please be advised that under the New Jersey Uniform Enforcement Act (N.J.S.A. 45:1-7.1b), a license shall be suspended 30 days following the expiration date. A licensee may reinstate a suspended license within five years following its date of expiration, by meeting the following requirements (pursuant to N.J.S.A. 45:1-7.2).

Suspended, inactive or retired for five years or less - complete sections: I through VII.

Pursuant to N.J.A.C. 13:40-2.15(e), any individual whose license has been suspended for five years or less must reinstate his/her license. Pursuant to N.J.A.C. 13:40-2.15(h), any individual whose license has been in an inactive status for five years or less must reactivate his/her license. Pursuant to N.J.A.C. 13:40-12.4, any individual whose license has been in a retired or retired-paid status for five years or less must seek to resume practice.

Suspended, inactive or retired for more than five years - complete sections: I through VII.

Pursuant to N.J.A.C. 13:40-2.15(f), any individual whose license has been suspended for more than five years shall reapply for licensure and shall demonstrate that he/she has maintained proficiency. Pursuant to N.J.A.C. 13:40-2.15(i), any individual whose license has been in an inactive status for more than five years shall reapply for licensure and shall demonstrate that he/she has maintained proficiency. Pursuant to N.J.A.C. 13:40-12.4(a)3, any individual whose license has been in a retired or retired-paid status for more than five years must seek to resume practice.

The following are instructions for reinstatement, reactivation or resumption of practice:

#### 1. Complete:

- The enclosed Application for Reinstatement, Reactivation and Resumption of Practice.

#### 2. Enclose the following:

A completed application; and

- Payment of all required fees. (See the attached invoice for the exact amount due.)

- If applicable, provide proof that you have satisfied the requirement for continuing education pursuant to N.J.S.A. 45:8-35.2. (Required for individuals licensed as land surveyors (GS) or who hold dual licenses as both a professional engineer and a land surveyor (GB).)

**Please note:** You must possess an active New Jersey license in order to practice engineering and/or land surveying, including, but not limited to, signing and sealing documents. Signing and sealing documents without an active license may be considered the unlicensed practice of your profession and may result in disciplinary action.

Please submit all of the above-referenced documentation to:

New Jersey State Board of Professional Engineers and Land Surveyors 124 Halsey Street, 3rd Floor, P.O. Box 45015 Newark, New Jersey 07101



### New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Professional Engineers and Land Surveyors
P.O. Box 45015, Newark, New Jersey 07101

(973) 504-6460

# Application for Reinstatement, Reactivation and Resumption of Practice

You may not practice in the State of New Jersey until your license is in an active status.

□ Suspended

□ Inactive

☐ Retired or Retired-Paid

Please select the status your license is currently in:

N.J	J. Lic	ense/Certifi	cate No.:	Initial Lice	ense/Certificate Date:			
Yea	ar of	last renewa	l:					
		plication me enclosed in		ccompanied by the enclosu	res noted on the instr	uction sheet	and the total fee not	ec
cor oth of you	nsen ner re reco ur pl	t. However, equests (by rd, we will a ace of resid	you are required to prove putting a check in the assume that you have collence, you should prove	closing to the public the playide an address that may be appropriate box). If you ponsented to have that address ide an address of record of include a street, city, state a	released to the public provide your place of ss be disclosed. If you ther than your place	c in our direct f residence a do not cons	ctories or in response as your public addre sent to the disclosure	e to
			ou provide on this app en Public Records Act	lication (including your ad (OPRA).	dress of record) may	be subject	to public disclosure	as
Ple	ease	print clearly	y. You must answer all o	of the questions on this app	lication.			
	ction rsona	<u>1 I</u> al Informati	on		Date of	birth:	onth Day Year	_
1.	Na							
		me	Last name	First name	Middle initial		Maiden name	_
2.	Ad	me	Last name	First name	Middle initial		Maiden name	_
2.	Ad∈		Last name	First name  City	Middle initial State	ZIP code	Maiden name  County	_
2.		dress	Last name	City				_
2.		dress	Last name  Street or P.O. Box  Telephone number (include a	City		E-n	County nail address	_
2.		dress Home:	Last name  Street or P.O. Box  Telephone number (include a	City		E-n	County	_
2.		dress Home:	Last name  Street or P.O. Box  Telephone number (include a	City		E-n	County nail address	
2.		dress Home:	Street or P.O. Box  Telephone number (include a	City area code)	State	E-n Telephone nur	County nail address mber (include area code)	

3.	*Social Security No:				
	*Pursuant to <u>N.J.S.A.</u> 54:50-24 <u>et seq.</u> of the New Jersey taxation law, <u>N.J.S.A.</u> 2A:17-56.44e of Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 <u>C.F.R.</u> 60.7,60 is required to obtain your Social Security number. Pursuant to these authorities, the Board is als your Social Security number to:	.8 and	d 60.9	, the	Board
	a. the Director of Taxation to assist in the administration and enforcement of any ta the purpose of reviewing compliance with State tax law and updating and correcting tax record			ludii	ng for
	b. the Probation Division or any other agency responsible for child support enforcement, upon re	quest			
4.	Citizenship / Immigration Status				
	Federal law limits the issuance or renewal of professional or occupational licenses or certification or qualified aliens. To comply with this federal law, check the appropriate box below we citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration of other documentation issued by the Bureau of Citizenship and Immigration Services (B.C.I.S.).	which	n indi	cates	s your
	<ul> <li>U.S. citizen</li> <li>Alien lawfully admitted for permanent residence in U.S.</li> <li>Other immigration status</li> </ul>				
	Questions about your immigration status and whether or not it is a qualifying status under findirected to the B.C.I.S. at: 1-800-375-5283.	edera	al law	shou	uld be
5.	Student Loan				
	Are you in default in regard to any student loan obligation(s)?		Yes		No
	If "Yes," you must obtain documentary evidence that you have reached an arrangement with entity that issued your student loan, for the eventual repayment of the loan. You will na license or certificate unless you provide the required documents concerning the plan for repayment.	ot be	e able	to o	obtain
6.	Child Support				
	Please certify, under penalty of perjury, the following:				
	a. Do you currently have a child-support obligation?		Yes		No
	(1) If "Yes," are you in arrears in payment of said obligation?		Yes		No
	(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months?		Yes		No
	b. Have you failed to provide any court-ordered health insurance coverage during the past six months?		Yes		No
	c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?		Yes		No
	d. Are you the subject of a child-support-related arrest warrant?		Yes		No
	In accordance with <u>N.J.S.A.</u> 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through of reinstatement/reactivation of licensure or certification. Furthermore, any false certification of the to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.	above	e may	: in a subje	denial ect you
	Applicant's name (please print)  Applicant's signature		1	Date	
	licate below (by checking the appropriate box) the type of practice with which you were involved our license expiring or being suspended by the Board.	r emp	oloyed	by р	orior to
	☐ Proprietorship ☐ Corporation ☐ Partnership ☐ Professional S	Servic	e Corr	Э.	
lf y	ou were self-employed and used a business address other than your home, complete the following:				
,	siness name:				
BUS	siness address:				

State

City

ZIP code

#### **Section II**

Provide the requested information for every position held, since the last biennial period during which your license/certificate was in active status. Employer's name: \_ Employer's address: Immediate Supervisor's name: \_\_\_\_\_ Immediate Supervisor's address: ZIP code Employer's title or position: Immediate Supervisor's telephone number: \_\_\_\_\_ Employer's telephone number:\_\_\_\_\_ (Include area code) \_\_ to: \_\_\_\_ Dates employed: from: \_\_\_ month day year Character of engagement. Describe and distinguish design work and other engineering or land surveying work and specific projects explicitly in outlined statements; include the complexity of the work and duties and the degree of responsibility, and also state the time spent in design and other engineering or land surveying work for each engagement.

Employer's name		
Employer's name:		
Employer's address:		
• ,	Street	
City	State	ZIP code
Immediate Supervisor's name:		
Immediate Supervisor's address:		
militediate Supervisor's address.	Street	
City	State	ZIP code
Employer's title or position:		
Employer's telephone number:	Immediate Supervisor's te	elephone number:
(Include area	code)	(Include area code)
Dates employed: from:	to:to:	vear

Character of engagement. Describe and distinguish design work and other engineering or land surveying work and specific projects explicitly in outlined statements; include the complexity of the work and duties and the degree of responsibility, and also state the time spent in design and other engineering or land surveying work for each engagement.

Employer's name:		
Employer's address:		
-	Street	
City	State	ZIP code
Immediate Supervisor's name:		
Immediate Supervisor's address:		
	Street	
City	State	ZIP code
Employer's title or position:		
Employer's telephone number:(Include are:	Immediate Supervisor's tel-	ephone number:
Dates employed: from:		ear engineering or land surveying work and
of responsibility, and also state the time spe	ent in design and other engineering or	land surveying work for each engagement.
Employer's name:		
Employer's address:	Street	
Immediate Supervisor's name:	State	ZIP code
·		
Immediate Supervisor's address:	Street	
Employer's title or position:	State	ZIP code
Employer's telephone number:	Immediate Supervisor's tel	ephone number:
Dates employed: from:		
		ear engineering or land surveying work and

Character of engagement. Describe and distinguish design work and other engineering or land surveying work and specific projects explicitly in outlined statements; include the complexity of the work and duties and the degree of responsibility, and also state the time spent in design and other engineering or land surveying work for each engagement.

#### **Section III**

#### <u>Information Regarding Practice During Period of Suspended/Expired Licensure</u>

Were you engaged in the practice of your profession or occupation in New Jersey during the period th	nat yo	our New	Jersey license
			□ No

If "Yes," please provide a description of work performed or a list of projects signed and sealed during the lapsed period along with the corresponding date of signature. You may use additional sheets of paper if necessary.

	Description/Project	Date Signed and Sealed
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		

<u>3ec</u>	CHON IV
Ple	ase provide below a detailed explanation for your failure to renew promptly.
•	
•	
•	
Sec	<u>ction V</u>
An	swer all of the following questions as they pertain to the time period since you were last licensed or certified in New Jersey.
1.	Since your last renewal have you been arrested, charged or convicted of any crime or offense <b>that you have not already reported to your board/committee</b> ? (Minor traffic offenses, such as speeding or parking, need not be provided but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.)  Yes  No
2.	Since your last renewal has any action been taken or is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation or action by any other licensing authority <b>that you have not already reported to your board/committee</b> ?   Yes  No
3.	Have you completed the continuing education units as required as part of the reinstatement/reactivation of your license? If you answered "Yes," please attach a copy of all of the certificates you have earned to this application. $\Box$ Yes $\Box$ No
4.	I am requesting retired license status.
	a) I am 62 years of age or older; $\ \square$ Yes $\ \square$ No
	b) I have been licensed for 25 years or more; and   C) I agree that I shall not offer/practice professional engineering or land surveying in the State of New Jersey while
	in retired license status.  The fee for a retired license is \$40.00.
Ple	ase Note: If you have answered "Yes" to questions 1 or 2 above, you must provide an explanation and attach any and
	all related documents to this application.

#### **Section VI**

1.	Do you currently hold, or have you evilicense as a professional engineer or land s in any other jurisdiction?  If "Yes," for each license or certificate he was issued under a different name, please p	urveyor) of any kind eld, provide the date	I in New Jersey, any other state, the Distri	ct of Columbia or Yes  No
	Last name		First name	Middle initial
	Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
	Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
	Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
	Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
2.	Have you ever been disciplined or den other state, the District of Columbia or in a	•	,	New Jersey, any  Yes No
3.	Have you ever had a professional license any other state, the District of Columbia or			ed in New Jersey,  Yes No
4.	Has any action (including the assessment o any agency or certification board in N jurisdiction?	•	о , I	. ,
5.	Have you ever been named as a defendant professional practice in New Jersey, any other			urveying or other  Yes No
5.	Are you aware of any investigation pendir board in New Jersey, any other state, the Di			by a professional ☐ Yes ☐ No
7.	Are there any criminal charges now pendin other jurisdiction?	g against you in Nev	w Jersey, any other state, the District of Co	olumbia or in any
3.	Have you ever been sanctioned by or is any group related to the practice of engineering, District of Columbia or in any other jurisdic	land surveying or o		

If the answer to any of the above questions, numbers 2 through 8, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

### Section VII

# CERTIFICATION FOR REINSTATEMENT/REACTIVATION APPLICATION

I,	um the applicant and that all of the nowledge and belief. I understand that any ent to deny reinstatement/reactivation or to
I voluntarily consent to a thorough investigation of my present and past employ of verifying my qualifications for reinstatement/reactivation. I further authorize all governmental agencies and instrumentalities (local, state, federal or foreign) to requested by the Board or Committee.	all institutions, employers, agencies and
I certify that the foregoing statements made by me are true. I am aware that if any owillfully false, I am subject to punishment.	f the foregoing statements made by me are
Signature of applicant	Date



New Jersey Office of the Attorney General
Division of Consumer Affairs State Board of Professional Engineers and Land Surveyors P.O. Box 45015, Newark, New Jersey 07101 (973) 504-6460

## **Change of Address Form for a Professional License**

	Last Name	First N	ame	Middle Name o	or Initial
icense Number: _	(Alpha letters plus the six-dig		ssion:		
onsent. However, other requests (by of record, we will a our place of resid	you are required to pro putting a check in the assume that you have co lence, you should prov	cclosing to the public the vide an address that may appropriate box). If you consented to have that activities an address of recount include a street, city, s	y be released to the pour provide your place ldress be disclosed. If rd other than your pl	ublic in our direct ce of residence as you do not conse	ories or in response to s your public address ent to the disclosure o
	ou provide on this app en Public Records Act	olication (including you (OPRA).	r address of record) i	may be subject to	public disclosure a
□ Home:	Street or P.O. Box	City	State	ZIP code	County
	Telephone number (include	area code)	_	E-ma	nil address
□ Business:					ber (include area code)
_	Street	City	State	ZIP code	County
□ Mailing: _	Street or P.O. Box	City	State	ZIP code	County
	m to: Professional Boar to 973-273-8035.	rd Consumer Service Ce	nter, Division of Cons	sumer Affairs, P.O	. Box 45046, Newark