



BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND GEOLOGISTS

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Request for Certification of License

Please include your \$2.00 fee
with this request form

a. Please send a Letter of Certification to the following address:

Phone: _____
Fax: _____
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b. Declaration of Request and Licensure Information

I hereby request certification of the license or registered specialty certificate held by the following person:

Name: _____
Last First Middle

License Number	Discipline
	Professional Engineer
	Professional Land Surveyor

I am a licensee requesting certification of my license and/or registered specialty certificate.
Date of California Licensure _____ Date of Birth _____
Last 4 digits of Social Security Number _____

Signature _____ Date _____

Phone _____ E-mail _____

Please make \$2.00 check, money order or bank draft made payable to the *Department of Consumer Affairs* (DCA).

Address all communications regarding your application to:

**Board for Professional Engineers,
Land Surveyors, and Geologists
2535 Capitol Oaks Drive, Suite 300
Sacramento, CA 95833**