



BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND GEOLOGISTS
 2535 Capitol Oaks Drive, Suite 300, Sacramento, California, 95833-2944
 Telephone: (916) 999-3600 – Toll Free: 1-866-780-5370
 www.bpelsg.ca.gov



RE-EXAMINATION FORM FOR LICENSING AS A **Traffic Engineer***

California Traffic Engineer Exam: \$175

**Use this Re-Examination Form ONLY if you are taking the California Traffic Engineer Exam. Do not use this form for any other exam.*

| <i>For Office Use Only</i> | |
|--|--|
| ATS ID # _____ | |
| Date Rcvd. _____ | |
| Amount _____ | |
| Receipt # _____ | |
| Mil. <input type="checkbox"/> Yes | |
| Total Due to Board \$ 175 | |

MAKE ONE CHECK OR MONEY ORDER PAYABLE TO DEPARTMENT OF CONSUMER AFFAIRS (DCA)

SECTION 1

General Information

| | | | |
|--|-----------------------------------|----------------------------|-----------|
| NCEES ID: <i>(If Known)</i> | CA BOARD ID: <i>(If Known)</i> | LAST 4 DIGITS SSN OR ITIN: | |
| LAST: | FIRST: | MIDDLE: | |
| ADDRESS OF RECORD: | CITY: | STATE: | ZIP CODE: |
| EMAIL ADDRESS: | | | |
| BIRTH DATE (MM/DD/YYYY) | DAYTIME PHONE | ALTERNATE PHONE | |
| You will be notified via email to schedule your exam date with Prometric. When you schedule with Prometric, you will be required to pay a separate exam administration fee to Prometric. | | | |
| You are strongly encouraged to submit this form at the earliest possible date, but do not submit this form before you receive your exam results. | | | |

NOTICE: Under the laws of the State of California, the State Board of Equalization and the Franchise Tax Board are allowed to share taxpayer information with the Board for Professional Engineers, Land Surveyors, and Geologists. The laws require a licensee to pay his or her state tax obligation, and his or her license may be suspended if the state tax obligation is not paid.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ Handwritten Signature – Required to Process Form

_____ Date

Board Use Only

| | | |
|--|--|--|
| | | |
|--|--|--|

USE TYPEWRITER OR FILL OUT FORM ONLINE, PRINT, SIGN AND MAIL THIS FORM. HANDWRITTEN FORMS WILL NOT BE ACCEPTED