## FORM B

## APPLICANTS WITH RELEVANT DEGREES AND/OR LICENSURE/REGISTRATION AS AN ENGINEER/ARCHITECT

PART	<u>1</u>								
	[	]	Associate Degree	Major:					
				Date Conferred:					
				Name and Address of College or University:					
	г	1	Bachelor Degree	Major:					
	L	J	Bachelor Degree	Date Conferred:					
				Name and Address of College or University:					
				Name and Address of Conege of Chiversity.					
	г	1	Advanced Degree	Major:					
	٠	,	Autanoou Bogioo	Date Conferred:					
				Name and Address of College or University:					
PART 2 New Jersey licensure/registration as a Professional Engineer or Architect.									
		]	Architect						
	•	,		Initial Effective Date					
	[	1	Engineer						
	•	•	_	Initial Effective Date					

See Part 3 on Reverse Side

**FORM B** 

## PART 3

Refer to Section I of the Licensing Information Booklet for experience requirements (as applicable) post your degree and/or New Jersey Registration/Licensure as an Architect/Engineer. All experience claimed on this form must be certified in accord with Section IV of the Licensing Information Booklet. No credit shall be given for any experience not involving the construction or alteration of buildings, or the equivalent thereof. Credit for part time work experience shall be given by the Department on a proportional basis only.

Please list present/last position	on first.			
Position:				
Employer:				
Address:				
Address: CITY:		STATE:	ZIP CODE	<u> </u>
Dates of Employment				
FROM:		TO:		
FULL TIME:	HOURS PER	WFFK		
PART TIME:	HOURS PER	RWFFK		
SUPERVISOR (if not self	f-employed): _			
DESCRIBE ALL RELEVANT I the subcode area of licensur- percentage of time that was/i	e sought, and/or	building constru	ction or alterations	