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

1	Associate Degree	Major:
		Date Conferred:
		Name and Address of College or University:
]	Bachelor Degree	Major:
		Date Conferred:
		Name and Address of College or University:
	-	
1	Advanced Degree	Major:
		Date Conferred:
		Name and Address of College or University:
	New Jersey licensure/	registration as a Professional Engineer or Architect.
1	Architect	
	Registration Number _	Initial Effective Date
]	Engineer	
	License Number	Initial Effective Date
	1	Advanced Degree  New Jersey licensure/ Architect Registration Number Engineer

See Part 3 on Reverse Side

## PART 3

Refer to the Licensing Information Booklet for experience requirements (as applicable) post your degree. All experience claimed on this form must be certified in accord with documentation requirements detailed in the Licensing Information Booklet. Credit for part time work experience shall be given by the Department on a proportional basis only.

Please list present/last posi	tion first.	
Position:		
Employer:		
Address:		
CITY:	STATE:	ZIP CODE:
Dates of Employment		
FROM:	TO:	
FULL TIME:	TO: HOURS PER WEEK	
PART TIME:	HOURS PER WEEK	
SUPERVISOR (if not se	elf-employed):	
certification thereof).	dicate the percentage of time th	, 