

## **Certification of Licensure**

This Section To Be Completed By The Applicant				
Name (Last, First, Middle)	Previous Name(s)			
Current Address				
City	State		Zip	
Date Of Birth		Social Security Number		
Names As It Appears On License (Last, First, Middle, Pre-Marriage)				
State Of Licensure	Issue Date		License Number	
This Section To Be Completed By The Licensing Jurisdiction In Which The Applicant Is Licensed				
I certify that(Applicant)	was	issued (License No.)	on (Date)	
Current License Status: 🗆 Active 🗆 Inactive 🗆 Lapsed 🗆 Expired 🗆 Other				
Licensed by:   Exam  Reciprocity  Other				
The applicant has met the educational requirements, experience, and exam requirements in effect in this jurisdiction at the time				
licensure was granted.  Yes No				
Has the applicant had a license revoked or voluntarily surrendered a license while under investigation? 🗆 Yes 🛛 No				
Has the applicant had any discipline imposed?				
Does the applicant have a complaint, allegation or investigation pending?  Ves  No				
Licensing Board must affix seal, sign the document below and email to: engineeringandlandsurveyboard@iowa.gov				
	Signatu	Signature		
	Title			
(Seal)			Data	
(500)	State		Date	