



## STATE OF WISCONSIN

Department of Safety and Professional Services  
1400 E Washington Ave.  
Madison WI 53703

Mail to:  
PO Box 8935  
Madison WI 53708-8935

Email: [dspd@wisconsin.gov](mailto:dspd@wisconsin.gov)  
Web: <http://dspd.wi.gov>

**Governor Scott Walker      Secretary Dave Ross**

Voice: 608-266-2112 • FAX: 608-267-3816 • TTY: 608-267-2416

**PROFESSIONAL ENGINEERS SECTION  
EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS,  
PROFESSIONAL ENGINEERS, DESIGNERS, AND LAND SURVEYORS  
Room 121A, 1400 E. Washington Avenue, Madison  
Contact: Berni Mattsson - 608-266-2112  
October 11, 2012**

*The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board.*

**FULL BOARD MEETING  
8:30 A.M.**

**OPEN SESSION – CALL TO ORDER – ROLL CALL**

- A. **Adoption of Agenda (1-3)**
- B. **Approval of Minutes of September 6, 2012 (4-5)**
- C. Secretary Matters
- D. **Executive Director Matters**
- E. **Review of Draft Web Language Regarding Pre-approval of Continuing Education Providers and Courses (7-9)**
- F. **10:00 A.M. APPEARANCE: La’Creshea Makonnen and Jeffrey Beard - Registered Continuing Education Program (RCEP), Discussion and Action (11)**
- G. **Case Closings and Case Status Report:**
  - 1) 11 ENG 010 (47-54)
  - 2) 11 ENG 011 (55-62)
  - 3) 12 ENG 001 (63-68)
- H. **Review and Discuss Application Forms and Consideration of Changes (13-25)**
- I. **Discussion and Action Related to Delegating Authority to Board/Department Liaisons (27-29)**
- J. **Legislation/Administrative Rule Matters**
  - 1) Discussion and Action Related to A-E 4/Act 350 Registration.
  - 2) CE Requirements for Comity Related to A-E 13.
  - 3) Other Open Scope Statements.
- K. **Speaking Engagement, Travel, Public Relation Requests**

- 1) Designate a Delegate and Alternate to attend 2013 NCEES Central Zone meeting (April 4-6, 2013, in Biloxi, MS) and the Annual Meeting (Aug. 21-24, San Antonio, TX) **(31)**
- 2) Review of Request from ASHRAE for a Speaker on Continuing Education Requirements **(33)**

L. Items Received After Printing of the Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Division of Legal Services and Compliance Matters
- 3) Presentations of Petition(s) for Summary Suspension
- 4) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s) (*Upon Request*)
- 5) Presentation of Proposed Final Decision and Order(s)
- 6) Education and Examination Matters
- 7) Credentialing Matters
- 8) Class 1 Hearings
- 9) Practice Questions/Issues
- 10) Legislation/Administrative Rule Matters
- 11) Liaison/Committee Report(s)
- 12) Informational Item(s)
- 13) Speaking Engagement(s), Travel, or Public Relation Request(s)

M. Informational Items

N. New Business

O. Public Comments

**CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1) (a), Stats.;**  
**consider closing disciplinary investigation with administrative warning (s. 19.85(1)(b), Stats. and**  
**440.205, Stats., to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.; and, to**  
**confer with legal counsel (s. 19.85(1)(g), Stats.)**

P. **Monitoring Matters:**

- 1) Robert Alan Walz – Review for Possible Suspension – Violation of Board Order **(35-45)**

Q. **Case Closings and Case Status Report:**

- 4) 11 ENG 010 **(47-54)**
- 5) 11 ENG 011 **(55-62)**
- 6) 12 ENG 001 **(63-68)**

R. **Examination Matters:**

- 1) C.H. Waiver Request **(69-70)**

S. **Application Matters**

- 1) R.P. Waiver Request **(71-72)**

T. Deliberation of Items Received After Printing of the Agenda:

- 1) Credential Issues
- 2) Application Issues and/or Reviews
- 3) Examination Issues
- 4) Class 1 Hearings
- 5) Professional Assistance Procedure (PAP)
- 6) Monitoring Matters

- 7) Proposed Stipulations, Final Decisions and Orders
- 8) Administrative Warnings
- 9) Review of Administrative Warning
- 10) Orders Fixing Costs/Matters Related to Costs
- 11) Proposed Final Decisions and Orders
- 12) Petitions for Summary Suspension
- 13) Case Closings
- 14) Petitions for Re-hearings
- 15) Appearances from Requests Received or Renewed
- 16) Motions

U. Consulting with Legal Counsel

**RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

V. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

W. Other Board Business

**ADJOURNMENT**

**ENGINEER SECTION  
EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS,  
PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS  
MEETING MINUTES  
SEPTEMBER 6, 2012**

Present: Steve Hook, Joe Eberle, Mark Mayer and Chuck Kopplin

Staff: Berni Mattsson, Executive Director; Yolanda McGowan, Legal Counsel; Michelle Solem, Bureau Assistant; and other Department staff

Chuck Kopplin, Board Chair, called the meeting to order at 8:34 a.m. A quorum of 5 members was confirmed.

**ADOPTION OF AGENDA**

**Amendments**

- Add additional requests for CE Waivers
- Add Item Add Item G(3)(a) – Discussion and Action on Modification of the Licensure Application Forms
- Add Item G(5)(b) – Review Open Scope Statements

**MOTION:** Joe Eberle moved, seconded by Steven Hook, to adopt the agenda as amended. Motion carried unanimously.

**APPROVAL OF MINUTES**

**Corrections**

- Under C – Letter of Support – Remove the last 2 words and replace with “support a candidate for assistant VP for NCEES Central Zone.”

**MOTION:** Steven Hook moved, seconded by Mark Mayer, to approve the minutes of April 19, 2012 as amended. Motion carried unanimously.

**MOTION:** Steven Hook moved, seconded by Joe Eberle, to designate Charles Kopplin as the Section’s liaison to work with legal counsel to provide clarification, for posting on the Department’s website, related to continuing education approvals consistent with the intentions expressed by the Section at today’s meeting. Motion carried unanimously.

**MOTION:** Joe Eberle moved, seconded by Mark Mayer, to rescind the list of approved providers previously posted to the website. Motion carried unanimously.

**MOTION:** Joe Eberle moved, seconded by Steven Hook, to approve electronic submission of transcripts for applicants directly from the educational institution. Motion carried unanimously.

**MOTION:** Joe Eberle moved, seconded by Steven Hook, to modify the rule as discussed at today’s meeting and to authorize Mark Mayer to approve the final draft consistent with such changes and further to submit the final draft to the rules committee for review and approval. Motion carried unanimously.

**CLOSED SESSION**

**MOTION:** Steven Hook moved, seconded by Mark Mayer, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.; consider closing disciplinary investigation with administrative warning (s. 19.85(1)(b), Stats. and 440.205, Stats., to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.; and, to confer with legal counsel (s. 19.85(1)(g), Stats.). Roll Call Vote: Joe Eberle - yes; Steve Hook - yes; Chuck Kopplin - yes; and Mark Mayer – yes. Motion carried unanimously. Open session recessed at 1:15 p.m.

## RECONVENE TO OPEN SESSION

**MOTION:** Joe Eberle moved, seconded by Mark Mayer, to reconvene in open session at 4:02 p.m. Motion carried unanimously.

## VOTING ON ITEMS CONSIDERED/DELIBERATED IN CLOSED SESSION

### PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

#### APPLICATION MATTERS

**MOTION:** Steve Hook moved, seconded by Mark Mayer, to act upon the application as reviewed for today's meeting and noted in the application files. Motion carried unanimously.

**MOTION:** Joe Eberle moved, seconded by Steve Hook, to grant reinstatement to Michael D. Brenneman, Robert A. Treece, Rex G. Finley, John T. Davenport, Jon A. Guest, James H. McCabe, and Erich J. Kant. Motion carried unanimously.

**MOTION:** Steven Hook moved, seconded by Joe Eberle, to issue an intent to deny to Douglas B. Anderson. Motion carried unanimously.

**MOTION:** Steve Hook moved, seconded by Mark Mayer, to approve Mark Engels to sit for the Principals and Practice of Engineering exam contingent upon his submittal of two references acceptable to the Professional Engineer Section from registered professional engineers who have first-hand knowledge of Mr. Engel's engineering experience and detailing the nature and extent of the applicant's experience. Motion carried unanimously.

**MOTION:** Joe Eberle moved, seconded by Steven Hook, to grant reinstatement to Keith R. Seward contingent upon submission of proof of successful completion of 15 PDH in engineering qualifying under A-E 13 and acceptable to the Section's credentialing liaison. Motion carried unanimously.

**MOTION:** Joe Eberle moved, seconded by Steve Hook, to approve licensure by comity to Melvin G. Glass contingent upon submission of proof of successful completion of all current licensure requirements by comity, including completion of continuing education as required by A-E 13.09. Motion carried unanimously.

**MOTION:** Mark Mayer moved, seconded by Joe Eberle, to have the record reflect that no Class I Hearing was required nor held for Brett Hess. Motion carried unanimously.

**MOTION:** Steve Hook moved, seconded by Mark Mayer, to table items L(1), (11) and (12) to the next meeting.

## ADJOURNMENT

**MOTION:** Joe Eberle moved, seconded by Steven Hook, to adjourn the meeting at 4:08 p.m. Motion carried unanimously.

Page intentionally left blank

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

|  |   |  |  |
|--|---|--|--|
| 1) Name and Title of Person Submitting the Request:<br><br><b>Berni Mattsson,<br/>Executive Director</b>   |   | 2) Date When Request Submitted:<br><br><b>9/28/12</b><br>Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before the meeting for all others</li> </ul> |  |
| 3) Name of Board, Committee, Council, Sections:<br><b>Engineer Section of the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors</b>  |   |  |  |
| 4) Meeting Date:<br><b>7/11/12</b>   | 5) Attachments:<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   | 6) How should the item be titled on the agenda page?<br><b>Draft web language regarding pre-approval of CE providers and courses</b>   |  |
| 7) Place Item in:<br><input checked="" type="checkbox"/> Open Session<br><input type="checkbox"/> Closed Session<br><input type="checkbox"/> Both  | 8) Is an appearance before the Board being scheduled? If yes, who is appearing?<br>Yes by<br><input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if required:   |  |
| 10) Describe the issue and action that should be addressed:<br><br>Please review the attached draft, discuss and make any revisions deemed necessary.  |   |  |  |
| 11) Authorization  |   |  |  |
|   |   | <b>9/11/12</b>   |  |
| Signature of person making this request  |   | Date   |  |
| Supervisor (if required)   |   | Date   |  |
| Bureau Director signature (indicates approval to add post agenda deadline item to agenda)  |   | Date   |  |
| Directions for including supporting documents:<br>1. This form should be attached to any documents submitted to the agenda.<br>2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Executive Director.<br>3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. |   |  |  |

**Continuing Education Requirements:**

30 hours of approved Professional Development Hours (PDHs) or equivalent continuing education units, pertinent to the practice of professional engineering.

**IMPORTANT: In order to renew a license by the 7/31/2014 renewal deadline, all licensees must complete 30 PDHs between 8/1/2012-7/31/2014.**

The required 30 PDHs must include a minimum of two (2) PDHs in the area of professional conduct and ethics.

Registrants must obtain a minimum of 13 PDHs, per biennium, via courses where the registrant interacts in real time in a traditional classroom setting, computer conferencing or interactive video conference where participants are present in the same room or logged in at the same time and can communicate directly with each other and ask questions of the instructor.

Courses, providers, and activities do not need to be pre-approved to meet the continuing education requirements. Also, the Professional Engineer Section does not pre-approve any courses, activities, or providers for continuing education. It is up to each licensee to become familiar with the rules and statutory requirements and to determine for themselves whether or not a particular course or activity meets those requirements.

The Professional Engineer Section has final discretion as to whether a provider meets the criteria.

***Per A-E 13.07(1), "a registrant shall maintain records of their continuing education units and PDHs earned for a minimum of the 3 most recent biennia on a form approved by the professional engineer section". Please click on the link below for a copy of the approved form.***

**Engineer Continuing Education Tracking Sheet:** [PDF](#) [Excel](#)

Attach a certificate of attendance or completion for each program listed on the Continuing Education Tracking Sheet. Each certificate should include the course provider name, course title, date of completion, the number of PDHs, and the licensee's name.

**Please Note:** Licensees are not required to submit the Continuing Education Tracking Form and copies of completion certificates for license renewal; the Continuing Education Tracking Form and copies of completion certificates must be submitted if/when specifically requested by the Department or the Engineer Section.

The Section strongly recommends that licensees maintain with their records, sufficient information to support their determination that courses, activities, or providers meet the rules and statutory requirements for continuing education.

NOTE: The continuing education requirements do not apply to the biennium in which a license is first issued.

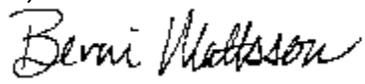
[See Administrative Code for more details.](#)

The biennium will run from 8/1 to 7/31 of EVEN years.

Page intentionally left blank

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

|   |  |  |  |
|---|--|--|--|
| 1) Name and Title of Person Submitting the Request:<br><br><b>Berni Mattsson,<br/>Executive Director</b>  |  | 2) Date When Request Submitted:<br><br><b>9/11/12</b><br>Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before the meeting for all others</li> </ul> |  |
| 3) Name of Board, Committee, Council, Sections:<br><b>Engineer Section of the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors</b>   |  |  |  |
| 4) Meeting Date:<br><b>7/11/12</b>  | 5) Attachments:<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | 6) How should the item be titled on the agenda page?<br><b>Registered Continuing Education Program, RCEP, representative appearance, discussion and action</b>   |  |
| 7) Place Item in:<br><input checked="" type="checkbox"/> Open Session<br><input type="checkbox"/> Closed Session<br><input type="checkbox"/> Both   | 8) Is an appearance before the Board being scheduled? If yes, who is appearing?<br>x Yes by La'Creshea Makonnen, and Jeffrey Beard<br>No | 9) Name of Case Advisor(s), if required:   |  |
| 10) Describe the issue and action that should be addressed:<br><br><p>La'Creshea Makonnen, CE manager/Registrar, and Jeffrey Beard, Vice President, Institute for Business Management, American Council of Engineering Companies from RECP will join the meeting by phone to discuss the attributes of their Registered Continuing Education Program for providers of continuing education for professional engineers.</p> <p>After the discussion with RCEP, the section may wish to discuss the possible acceptance and use of the program and take any action deemed necessary.</p>  |  |  |  |
| 11) Authorization<br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">  </div> <div style="width: 35%; text-align: right;"> <b>9/11/12</b> </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Signature of person making this request</span> <span>Date</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Supervisor (if required)</span> <span>Date</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Bureau Director signature (indicates approval to add post agenda deadline item to agenda)</span> <span>Date</span> </div> |  |  |  |
| Directions for including supporting documents:<br>1. This form should be attached to any documents submitted to the agenda.<br>2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Executive Director.<br>3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.  |  |  |  |

Page intentionally left blank

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: [web@dps.wi.gov](mailto:web@dps.wi.gov)  
Website: <http://dps.wi.gov>

## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

### PROFESSIONAL ENGINEER SECTION

#### INSTRUCTION PACKET TO REGISTER FOR PRINCIPLES & PRACTICE OF ENGINEERING (PE) EXAM

**NOTICE:** New requirements to take the exam became effective May 28, 2010.

#### APPLICATION PROCEDURE FOR NEW CANDIDATES:

To register for the FIRST TIME for the PE exam, applicants must submit the following 90 days prior to the exam date:

1. An Eligibility Application and attachments to the Department of Safety and Professional Services AND
2. A Scheduling Form and fee to Professional Credential Services.

**All applications must be received 90 days prior to the exam date in order  
to allow time for review of eligibility.**

#### **I. FILING ELIGIBILITY APPLICATION WITH DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES:**

**ALL NEW** (those applying for the PE exam for the first time in Wisconsin) applicants must submit the following to the Department of Safety and Professional Services to determine eligibility to sit for the exam:

- a) An Eligibility Application for Principles & Practice of Engineering Examination (Form #1999).
- b) An Experience Record (Form #463).
- c) Five Professional Engineer Applicant Reference Forms (Form #470).
- d) Official transcripts showing courses taken and degrees received.  
**Unofficial copies of transcripts are not acceptable.**
- e) \$75 initial credential fee. Please include a check or money order payable to Department of Safety and Professional Services.

The completed eligibility application materials must be mailed to the Department at the address listed above. Eligibility application materials hand delivered or mailed by special courier must be delivered to the Department's street address: 1400 East Washington Avenue, Madison, WI 53703.

If you have taken the PE exam in another state, your status would be as a **NEW** candidate.

**Retake applicants who have previously taken the examination in Wisconsin are not required to resubmit this information to the Department of Safety and Professional Services. All retake applicants for the PE exam must submit a Scheduling Form and fee to Engineering Examination Services.**

# Wisconsin Department of Safety and Professional Services

## II. FILING SCHEDULING APPLICATION WITH Engineering Examination Services:

All applicants must submit a completed PE Scheduling Form and examination fee to Engineering Examination Services each time you apply to take the exam. The deadline is **90 days** prior to the exam date. You may apply on-line at [PCSHQ.COM](http://PCSHQ.COM). Or you may obtain an application by calling (877) 364-3826 or by writing to:

Engineering Examination Services/WI ENG  
P.O. Box 198728  
Nashville, TN 37219

Do not send your Scheduling Application and fee to the Department of Safety and Professional Services.

## III. EXAMINATION DATE AND FILING DEADLINES:

Examinations are scheduled for April and October each year.

**Eligibility Application:** Applications for the April exam are reviewed in February and applications for the October exam are reviewed in August. Candidates are encouraged to apply as early as possible for the desired examination date. You may refer to the Department's website at <http://dsps.wi.gov> or call the Board office at (608) 266-2112 for meeting dates and deadlines.

**Scheduling Form and Fee:** Professional Credentialing Services has a 90 day filing deadline. No exceptions to the filing deadline will be accepted. Candidates determined to be ineligible for the examination will receive a full refund 30 days after the examination.

## IV. REQUIREMENTS:

**Education/Work Experience** - To be eligible to take the PE examination, an applicant shall have one of the following:

- 1) A diploma or degree of not less than 4 years in an engineering course of study from an engineering school or college approved by the examining board and at least 4 years of engineering experience.
- 2) A diploma or degree from a course of study of not less than 2 years in an engineering related course of study from a technical college approved by the examining board and at least 6 years of engineering experience.

**NOTE:** Sec. A-E 4, Wis. Adm. Code, can be found on the web at <http://www.legis.state.wi.us/rsb/code/a-e/a-e004.pdf>. All qualifying experience must have been acquired by the exam filing deadline.

**EXPERIENCE RECORD** - The "Experience Record" (form #463) is used by the board to determine whether the experience you document meets the requirements outlined in the Wisconsin Administrative Code. To assure the board can make an accurate assessment of your experience, please use the following guidelines when completing this form. Incomplete or forms not in compliance with these guidelines may be rejected and delay the processing of your application.

The board is looking for experience that is within the definitions of engineering in Wis. Stat. § 443 and Wis. Admin. Code § A-E 4.03. Before you start completing this form, you should review these definitions.

It is important to include specific information about your role, responsibilities, and/or tasks for each engagement. A simple statement like, "I was a designer on project XYZ," gives the board little information. Information that is incomplete, overly broad and/or general will likely be determined by the board to be insufficient to meet the requirements outlined in the Wisconsin Administrative Code.

# Wisconsin Department of Safety and Professional Services

Engagements must be of a duration that provides an opportunity to acquire relative qualifying experience. Extremely short engagement durations, less than 6 months, may be determined to be insufficient to meet the requirements outlined in the Wisconsin Administrative Code.

Do not use abbreviations or acronyms. Include duties and degree of responsibilities for each engagement. Job applications, employment resumes, job position descriptions and marketing resumes do not contain the detail necessary for your application and generally should not be used for this purpose. Indicate when employment is full-time vs. part-time and specify the typical number of hours worked per week. Provide a complete chronological listing of your background beginning with your engineering education that satisfies the appropriate requirement. If your education does not come at the beginning of your record, include it in the appropriate order within your chronological listing of your background as a separate engagement. Generally, experience gained prior to obtaining the education requirement is not evaluated for the credential experience requirement.

The information on this form must be typed. Not more than one year of satisfactory credit may be granted for any calendar year.

Experience gained in a cooperative educational program must be listed as a separate engagement and must be indicated as co-op experience. To obtain cooperative work experience credit, the cooperative educational program must be documented on the official transcript. A maximum of 1 year of experience may be claimed for cooperative educational programs.

The beginning and ending month and year of employment must be shown for each engagement. The total amount of experience for each engagement must be calculated and shown in decimal format. Length of engagements shall be rounded to one decimal point. Engagements shall not overlap.

**References** - Provide replies from 5 references having personal knowledge of your experience using the enclosed "Professional Engineer Applicant Reference Form" (Form #470). Each reference should complete Form #470 and return it to you in a sealed envelope with their signature on the envelope seal so you can submit all 5 references with your application. It is required that three references be registered professional engineers. Family members can act as supplemental references in support of an application, but not as one of the five required responses.

**Official Transcripts** - If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s). Transcripts for courses and degrees claimed in qualifying to sit for the exam are required. **Unofficial copies of transcripts are not acceptable.** Official transcripts showing courses taken and degrees received are required. Transcripts must be sent by the college to you. You must send the transcript in the sealed envelope to the Professional Engineers Section with your application.

**If the degree is from an international educational institution, you must provide an official detailed ABET accredited educational equivalency evaluation from NCEES Credentials Evaluations.**

NCEES Credentials Evaluations - forms are provided in an online format on the website at [www.ncees.org](http://www.ncees.org) and can be processed with payment submitted by credit card. If the application data is not submitted online, there will be an additional fee. Mailing address is NCEES, Credential Evaluation Services, P.O. Box 1686, Clemson, SC 29633-1686, telephone 865-654-6824.

No credit will be allowed for education submitted without an educational evaluation.

If your education is from an international educational institution, you should place an "X" in the space "Combination of qualifying education and experience totaling at least 8 years." The transcript should also be submitted to the Professional Engineer Section.

# Wisconsin Department of Safety and Professional Services

## V. NAME AND/OR ADDRESS CHANGE:

Any applicant scheduled for the examination who changes his or her name or address should notify the Department of Safety and Professional Services and Professional Credentialing Services.

A copy of the Wisconsin Statutes and Administrative Code relating to the practice of Architecture, Landscape Architects, Professional Engineers, Designers and Land Surveyors is available on the web at <http://dsps.wi.gov> or at most public libraries. If you wish to purchase a copy, you may purchase a hard print copy from Document Sales, Department of Administration. Information for ordering a codebook may be found at <http://dsps.wi.gov/includes/catalog.htm>, by calling Document Sales at 800-362-7253 or 608-264-9419 or by email at [docsales@doa.state.wi.us](mailto:docsales@doa.state.wi.us).

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: web@drl.state.wi.us  
Website: http://drl.wi.gov

## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

### ENGINEER SECTION

#### ELIGIBILITY APPLICATION FOR PRINCIPLES & PRACTICE OF ENGINEERING EXAMINATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

Your name and address are available to the public.

**PLEASE TYPE OR PRINT IN INK**

Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

|           |            |    |                         |
|-----------|------------|----|-------------------------|
| Last Name | First Name | MI | Former / Maiden Name(s) |
|-----------|------------|----|-------------------------|

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

|  |  |
|--|--|
| Date of Birth<br>____ month ____ day ____ year | Daytime Telephone Number<br>(____) _____ - _____ |
|--|--|

Ethnic/gender status information is optional. Sex:  M  F Ethnic:  White, not of Hispanic origin  Black, not of Hispanic origin  Hispanic  American Indian or Alaskan  Asian or Pacific Islander  Other

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)  
If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

The license expires on July 31 of the even-numbered year. It may be renewed for a two year period at that time.

**QUALIFICATION:** Place an "X" in ONE space only indicating how you qualify.

\_\_\_\_ B.S. degree in engineering and at least 4 years of qualifying experience.

\_\_\_\_ 2 year degree from engineering related course of study from an approved technical college and at least 6 years of qualifying experience.

\_\_\_\_ NCEES Credential Evaluation and experience totalling at least 8 years.

**FOR BOARD  
APPROVAL ONLY**

BY \_\_\_\_\_

BY \_\_\_\_\_

BY \_\_\_\_\_

DATE \_\_\_\_\_

**EDUCATION:** (Official Transcripts Required)

| Colleges<br>Attended | Degree<br>Received | Date of<br>Graduation | Major |
|----------------------|--------------------|-----------------------|-------|
|----------------------|--------------------|-----------------------|-------|

**APPLICATION FEES:** Please make check payable to the Department of Regulation and Licensing and attach to application.

\$ 75.00 Initial credential fee

#1999 (Rev. 6/10)  
Ch. 443, Stats.

Committed to Equal Opportunity in Employment and Licensing

**For Receipting Use Only**

# Wisconsin Department of Regulation & Licensing

## STATEMENT OF ARREST OR CONVICTION: (Attach additional sheets if necessary)

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, or are criminal charges currently pending against you? If yes, complete and attach Form #2252.  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.  | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.   | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If yes, what type of credential? _____ And if in another name, what name? _____   | <input type="checkbox"/> | <input type="checkbox"/> |

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

## **CERTIFICATION OF LEGAL STATUS.**

I declare under penalty of law that I am (check one):

\_\_\_\_\_ a citizen or national of the United States, or

\_\_\_\_\_ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

## **ALL APPLICANTS MUST COMPLETE THIS SECTION**

### **AFFIDAVIT OF APPLICANT**

**I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: web@dsps.wi.gov  
Website: http://dsps.wi.gov

## CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. A \$8.00 fee is required in addition to your original application fees. This form cannot be faxed.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: \_\_\_\_\_

|           |            |    |                         |
|-----------|------------|----|-------------------------|
| Last Name | First Name | MI | Former / Maiden Name(s) |
|-----------|------------|----|-------------------------|

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

|  |  |
|--|--|
| Date of Birth<br>____ month ____ day ____ year | Social Security Number<br>_____<br>Information helps us identify your record, but is voluntary. It is not available to the public. |
|--|--|

Ethnic/gender information is required to check criminal information records. Sex:  M  F Ethnic:  White, not of Hispanic origin  Black, not of Hispanic origin  Hispanic  American Indian or Alaskan  Asian or Pacific Islander  Other

- List all other names used: \_\_\_\_\_
- List all felonies, misdemeanors, and other violations of federal, state or local law or municipal ordinance of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated.

**It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.**

| <u>OFFENSE</u> | <u>DATE</u> | <u>CITY/STATE</u> |
|----------------|-------------|-------------------|
|                |             |                   |
|                |             |                   |
|                |             |                   |

Attach additional sheet(s) if necessary.

# Wisconsin Department of Safety and Professional Services

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED  
  \_\_\_\_\_  
 Did you successfully complete the program?   \_\_\_\_\_  
 Please attach the certificate of completion/discharge summary.

(Check all that apply)

4. Have you ever been sentenced to: YES NO MO/YR COMPLETED

|   |                          |                          |       |
|---|--------------------------|--------------------------|-------|
| <input type="checkbox"/> Probation                  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Parole                     | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Ordered to pay restitution | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Did you successfully complete one of the above as ordered by the court?   \_\_\_\_\_

**If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.**

5. List all felonies, misdemeanors, or other violations of federal, state or local law or municipal ordinance for which you have been arrested and which are **pending** against you. Submit a copy of the police report/criminal complaint for each of the following pending charges.

| <u>PENDING CHARGE</u> | <u>DATE OF ARREST</u> | <u>LOCATION OF ARREST (city/state)</u> |
|-----------------------|-----------------------|--|
| _____                 | _____                 | _____                                  |
| _____                 | _____                 | _____                                  |
| _____                 | _____                 | _____                                  |

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public \_\_\_\_\_  
Date

My commission (is permanent) \_\_\_\_\_ expires \_\_\_\_\_ . **SEAL**





# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935

1400 E. Washington Avenue  
Madison, WI 53703

**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**E-Mail:** web@dsp.s.wi.gov  
**Website:** http://dsp.s.wi.gov

## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

### EXPERIENCE RECORD

|                          |                                       |       |
|--------------------------|---------------------------------------|-------|
| Type or print your name: | Type of license you are applying for: | Date: |
|--------------------------|---------------------------------------|-------|

| <b>Engagement</b>  | <b>Date</b>   | <b>Title of Position, and Extent of Experience and Responsibility.</b> Make statement concise. Designate each engagement by a separate number. [Include enough detail such that a peer may judge the character of your work. Include magnitude and complexity of work on each engagement including your duties and degree of responsibility.] University, college or technical school shall be engagement 1. Your first employment shall be engagement 2, with subsequent experience in chronological order. Your current engagement should be your <b>last</b> entry. Any necessary amplification may be made on a separate sheet. You may create your own document in Word Processing as long as you follow the format of this form. | <b>Name, Title, Company and Address</b> of an individual (not deceased) familiar with each engagement, preferably the person to whom applicant reported. |
|--|---|--|--|
| #1<br><br><input type="checkbox"/> Fulltime<br><input type="checkbox"/> Parttime<br><br>_____ hrs/week | FROM<br>Mo/Yr<br><br>_____<br>TO<br>Mo/Yr<br><br>_____<br>TOTAL<br>Yr/Mo<br><br>_____ |  |  |
| #2<br><br><input type="checkbox"/> Fulltime<br><input type="checkbox"/> Parttime<br><br>_____ hrs/week | FROM<br>Mo/Yr<br><br>_____<br>TO<br>Mo/Yr<br><br>_____<br>TOTAL<br>Yr/Mo<br><br>_____ | Title: _____   |  |

## Wisconsin Department of Safety and Professional Services

|  |  |                     |  |
|--|--|---------------------|--|
| <p>#3</p> <p><input type="checkbox"/> Fulltime<br/><input type="checkbox"/> Parttime</p> <p>_____ hrs/week</p> | <p>FROM<br/>Mo/Yr</p> <hr/> <p>TO<br/>Mo/Yr</p> <hr/> <p>TOTAL<br/>Yr/Mo</p> <hr/> | <p>Title: _____</p> |  |
| <p>#4</p> <p><input type="checkbox"/> Fulltime<br/><input type="checkbox"/> Parttime</p> <p>_____ hrs/week</p> | <p>FROM<br/>Mo/Yr</p> <hr/> <p>TO<br/>Mo/Yr</p> <hr/> <p>TOTAL<br/>Yr/Mo</p> <hr/> | <p>Title: _____</p> |  |
| <p>#5</p> <p><input type="checkbox"/> Fulltime<br/><input type="checkbox"/> Parttime</p> <p>_____ hrs/week</p> | <p>FROM<br/>Mo/Yr</p> <hr/> <p>TO<br/>Mo/Yr</p> <hr/> <p>TOTAL<br/>Yr/Mo</p> <hr/> | <p>Title: _____</p> |  |

Page intentionally left blank

**State of Wisconsin  
Department of Safety and Professional Services**

**AGENDA REQUEST FORM**

|  |   |  |
|--|---|--|
| Name and Title of Person Submitting the Request:<br><i>Yolanda McGowan, Legal Counsel</i>  |   | Date When Request Submitted:   |
|  |   | Items will be considered late if submitted after 5 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before meeting for all other boards</li> </ul> |
| Name of Board, Committee, Council:<br><i>All Boards</i>  |   |  |
| Board Meeting Date:  | Attachments:<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | How should the item be titled on the agenda page?<br>Board Discussion Items: Discussion and Action related to<br>Delegating Authority to Board/Department Liaisons   |
| Place Item in:<br><input checked="" type="checkbox"/> Open Session<br><input type="checkbox"/> Closed Session<br><input type="checkbox"/> Both   | Is an appearance before the Board being scheduled? If yes, by whom and what time?<br><input type="checkbox"/> Yes by _____ for _____<br>(name) (time)<br><input checked="" type="checkbox"/> No | Name of Case Advisor(s), if required:<br><br>Not Applicable  |
| Describe the Issue the Board Should Address:<br><br>The Board should clarify what legal authority is being delegated to liaison(s) that represent and act on the Board's behalf. The Board should further consider what processes, if any, it will use to ensure that the Board liaison does not exceed the authority granted, and under what circumstances the delegated authority should/could be rescinded. |   |  |
| Describe the Action Required by the Board to Address This Request:<br><br><i>Take any action deemed appropriate following board review and consideration.</i>  |   |  |
| <u>Directions for including supporting documents:</u><br><br>1. This form should be attached to any documents submitted to the agenda.<br>2. Documents submitted to the agenda must be single-sided.<br>3. Only copies of the original document will be accepted.<br>4. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to start of meeting.  |   |  |
| <b>Authorization:</b>  |   |  |
| Signature of person making this request  |   | Date   |
| Supervisor signature (if required) and Division Administrator (if a late item)   |   | Date   |
| Bureau Director signature (indicates approval to add late items to agenda)   |   | Date   |

**MOTION IDENTIFYING A BOARD CREDENTIALING LIAISON AND DELEGATING  
CERTAIN CREDENTIALING AUTHORITY**

On April 6, 2011, the Pharmacy Examining Board found the following and passed one motion identifying a board credentialing liaison with alternates and delegating certain credentialing authority on an ongoing basis until such motion is hereinafter modified or withdrawn by the Board:

- Licensing individuals and business entities who are applying for a Board issued credential is an important responsibility of the Board and the Department.
  - The number of applications for review, requests for certain variances by applicants, requests for examination retakes by applicants and requests for review of disciplinary and/or criminal background histories of applicants and the time required therefore has increased in recent years.
  - Presentation and consideration of issues relating to licensing requires substantial Board meeting time.
  - Delays in considering licensing issues may adversely affect the delivery of health care services to Wisconsin citizens.
  - Many routine licensing decisions may be made without the involvement of the full Board.
- 1) The Board appoints IDENTIFY as the board's IDENTIFY Liaison, and IDENTIFY as alternate, with authority to act on the Board's behalf with respect to the following:
- a) Granting a credential within the board's jurisdiction if all required information required by law is submitted, and as otherwise limited by paragraphs, b), through f), set forth herein.
  - b) Granting requests for further examination under Wis. Admin. Code § IDENTIFY, upon such conditions as authorized by that rule. Any determination by the liaison to deny such a request must be presented to the Board for final determination.
  - c) In granting a credential for licensure as a IDENTIFY. Any determination by the liaison to deny such a request must be presented to the Board for final determination.
  - d) Granting the issuance of a credential as IDENTIFY, following the review of any discipline or conviction of crime as reported by the applicant and upon making the determination that the reported discipline or conviction of crime does not, at the time of application, pose a significant threat to the public health, safety, or welfare. Any determination by the liaison to deny a request under this paragraph or grant a credential with limitations must be presented to the Board for final determination.
  - e) Granting requests to IDENTIFY DELEGATED ACTION. Any determination by the liaison to deny a request under this paragraph or grant a credential with different limitations must be presented to the Board for final determination.

- f) For all administrative actions taken pursuant to this motion the liaison shall prepare a written report (OR) provide a summary (written or oral) documenting such actions taken. A report shall be presented to the Board for review at the next available Board meeting following the administrative action taken by the liaison (OR) some other designated reporting period – i.e. quarterly, annually, etc.).
  - g) Granting a variance pursuant to Wis. Stat. § APPROPRIATE CITATION in the instance of a natural or man-made disaster or emergency which is necessary to protect the public health, safety, or welfare.
- 2) This motion shall stay in effect until further modification by the Board.

Approved by Board Motion, Date.

---

Board Chair or Authorized Designee

SAMPLE

Page intentionally left blank

**State of Wisconsin  
Department of Safety & Professional Services**

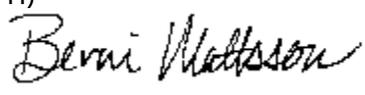
**AGENDA REQUEST FORM**

|  |  |  |  |
|--|--|--|--|
| 1) Name and Title of Person Submitting the Request:<br><br><b>Berni Mattsson,<br/>Executive Director</b>   |  | 2) Date When Request Submitted:<br><br><b>9/10/12</b><br>Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before the meeting for all others</li> </ul> |  |
| 3) Name of Board, Committee, Council, Sections:<br><b>Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors – Engineer Section</b>   |  |  |  |
| 4) Meeting Date:<br><b>10/11/12</b>  | 5) Attachments:<br>Yes<br>x    No  | 6) How should the item be titled on the agenda page?<br>Designate an Delegate and Alternate to attend 2013 NCEES Central Zone meeting (April 4-6, 2013, in Biloxi, MS) and The Annual Meeting (Aug. 21-24, San Antonio, TX)  |  |
| 7) Place Item in:<br>x    Open Session<br><input type="checkbox"/> Closed Session<br><input type="checkbox"/> Both   | 8) Is an appearance before the Board being scheduled? If yes, who is appearing?<br><br><input type="checkbox"/> Yes by _____ (name)<br><br>x    No | 9) Name of Case Advisor(s), if required:   |  |
| 10) Describe the issue and action that should be addressed:<br><br><p style="margin-left: 20px;"><b>Please review, discuss and take any action deemed necessary.</b></p>   |  |  |  |
| 11) Authorization  |  |  |  |
|   |  | 9/10/12  |  |
| Signature of person making this request  |  | Date   |  |
| Supervisor (if required)   |  | Date   |  |
| Bureau Director signature (indicates approval to add post agenda deadline item to agenda)  |  | Date   |  |
| Directions for including supporting documents:<br>1. This form should be attached to any documents submitted to the agenda.<br>2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Executive Director.<br>3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. |  |  |  |

Page intentionally left blank

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

|   |  |  |  |
|---|--|--|--|
| 1) Name and Title of Person Submitting the Request:<br><br><b>Berni Mattsson,<br/>Executive Director</b>  |  | 2) Date When Request Submitted:<br><br><b>9/20/12</b><br>Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before the meeting for all others</li> </ul> |  |
| 3) Name of Board, Committee, Council, Sections:<br><b>Engineers Section of the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors</b>  |  |  |  |
| 4) Meeting Date:<br><b>10/11/12</b>   | 5) Attachments:<br>Yes<br>x    No  | 6) How should the item be titled on the agenda page?<br><b>Request from ASHRAE for a speaker on CE requirements</b>  |  |
| 7) Place Item in:<br>x    Open Session<br><input type="checkbox"/> Closed Session<br><input type="checkbox"/> Both  | 8) Is an appearance before the Board being scheduled? If yes, who is appearing?<br><input type="checkbox"/> Yes by _____ (name)<br>x    No | 9) Name of Case Advisor(s), if required:   |  |
| 10) Describe the issue and action that should be addressed:<br><br><b>A local chapter of ASHRAE is requesting a speaker for the topic of the new CE requirements for Engineers. Future meetings are currently scheduled for November 12, January 14, and February 11, 7-8:30 p.m. at a TBA location in Madison. The group is looking for a talk, followed by Q&amp;A, of about 60 to 75 minutes.</b><br><br><b>Please review, discuss and take any action deemed necessary.</b>   |  |  |  |
| 11) Authorization<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">  </div> <div style="width: 35%; text-align: right;"> <b>9/20/12</b> </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Signature of person making this request</div> <div style="width: 35%; text-align: right;">Date</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Supervisor (if required)</div> <div style="width: 35%; text-align: right;">Date</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Bureau Director signature (indicates approval to add post agenda deadline item to agenda)</div> <div style="width: 35%; text-align: right;">Date</div> </div> |  |  |  |
| Directions for including supporting documents:<br>1. This form should be attached to any documents submitted to the agenda.<br>2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Executive Director.<br>3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.  |  |  |  |

Page intentionally left blank