

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Occupational and Professional Licensing Administration**

DC ST LIC02



Board of Industrial Trades – Steam and Other Operating Engineers

NEW LICENSE APPLICATION

Please read instructions before completing this form. If you have any questions, call Pearson VUE's toll-free Customer Service line at **1-877-543-5217** Monday through Friday, 8AM to 5PM EST. **A charge of \$65.00 will be imposed for dishonored checks (public Law 89-208).**

SECTION 1. REQUESTED LICENSE TYPE/FEEES (includes non-refundable application fee – see instructions)

<p>Method (Origin) of Application: (Check only one)</p> <table style="width:100%;"> <tr> <td style="width:15%;">Code</td> <td style="width:15%;">Description</td> </tr> <tr> <td>(E) <input type="checkbox"/></td> <td>Examination</td> </tr> <tr> <td>(R) <input type="checkbox"/></td> <td>Re- Examination</td> </tr> <tr> <td>(O) <input type="checkbox"/></td> <td>Other</td> </tr> </table>	Code	Description	(E) <input type="checkbox"/>	Examination	(R) <input type="checkbox"/>	Re- Examination	(O) <input type="checkbox"/>	Other	<p>(See page 4-5 of Instructions for License Type and Fee Listing to complete below.)</p> <p>Requested License Type:</p> <p>Code _____ Description _____ \$ _____.00</p> <p>Requested Specialty:</p> <p>Code _____ Description _____ \$ _____.00</p> <p><input type="checkbox"/> Duplicate Licenses _____ X \$30.00 = \$ _____.00</p>	
Code	Description									
(E) <input type="checkbox"/>	Examination									
(R) <input type="checkbox"/>	Re- Examination									
(O) <input type="checkbox"/>	Other									
<p>Make check or money order payable to Pearson VUE and mail to:</p> <p>PEARSON VUE Department DC – ST Metro-Plex I, Suite 250 8401 Corporate Drive Landover, MD 20785</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">PEARSON VUE ONLY</th> </tr> <tr> <th style="width:33%;">Check \$</th> <th style="width:33%;">Ck #</th> <th style="width:33%;">Clerk</th> </tr> <tr> <td style="text-align: center;">\$ _____.00</td> <td></td> <td></td> </tr> </table> <p>Total Enclosed \$ _____.00</p> <p style="color: red;">Are you requesting Special Accommodations? If yes, see Section 9. YES <input type="checkbox"/> NO <input type="checkbox"/></p>	PEARSON VUE ONLY			Check \$	Ck #	Clerk	\$ _____.00		
PEARSON VUE ONLY										
Check \$	Ck #	Clerk								
\$ _____.00										

SECTION 2. APPLICANT OR COMPANY NAME/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete the "Previous Names" section of this application. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

FIRST NAME _____	MI _____	LAST NAME _____	SUFFIX (Jr, Sr, etc.) _____
_____ - ____ - _____ SOCIAL SECURITY NUMBER*/FEIN		M M D D Y Y Y Y _____ - ____ - _____ DATE OF BIRTH	
_____ PLACE OF BIRTH Provide City and State for US birthplace or Country for foreign place of birth.		<input type="checkbox"/> Male <input type="checkbox"/> Female GENDER Please check the correct box.	

* Due to an amendment to the D.C. laws and Pursuant to DC Official Code 47-2805.02 (DC Law 13-269 – "Child Support and Welfare Reform Compliance Amendment Act of 2000," effective April 3, 2001), the Department of Consumer and Regulatory Affairs is now required to collect and maintain Social Security Numbers in licensee files.

NOTICE OF NON-DISCRIMINATION

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 et seq. ("the Act"), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex (gender or sexual harassment), age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, and place of residence or business. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

NOTICE OF MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

NOTICE OF FRAUD, CORRUPTION AND WASTE

If you are aware of corruption, fraud, waste, abuse, or mismanagement involving any D.C. government agency, official or program, contact the Office of the Inspector General (OIG) at the OIG Hotline, (202) 724-8477 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous. By law, government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties, or criminal prosecution in appropriate cases.

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SECTION 3. PREVIOUS NAMES

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: Marriage Divorce Court Order

FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order (Jr, Sr, etc.)

FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order (Jr, Sr, etc.)

FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order (Jr, Sr, etc.)

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

SECTION 4A. HOME ADDRESS

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

APARTMENT SUITE FLOOR PO BOX NUMBER _____

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE _____ ZIP CODE + 4 _____ EMAIL ADDRESS _____

HOME PHONE NUMBER _____ HOME FAX NUMBER _____

SECTION 4B. BUSINESS ADDRESS

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

COMPANY NAME

APARTMENT SUITE FLOOR PO BOX NUMBER _____

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE _____ ZIP CODE + 4 _____ EMAIL ADDRESS _____

BUSINESS PHONE NUMBER _____ BUSINESS FAX NUMBER _____

SECTION 4C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license is determined by your license type.

HOME BUSINESS

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SECTION 5A. PROFESSIONAL SCHOOLS ATTENDED

List all colleges and universities attended prior to and including trade or professional schools. List in reverse chronological order, beginning with the most recent at the top. Attach additional sheets if necessary. If required in the application instructions, you must provide a sealed transcript.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

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SECTION 5B. WORK EXPERIENCE

List all work experience since graduation from the education program required for the license for which you are applying. List in reverse chronological order, beginning with the most recent. For "Type of Position," use the letter from the key below.

Organization/Institution	Location	Start Date	End Date	Type of Position (Use Key Below)*	Full Time	Part Time

* TYPE OF POSITION KEY:

- A. Internship
- B. Private Practice/Self-Employed
- C. Employment
- D. Instructor
- E. Other (attach a typed explanation to this form)

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SECTION 5C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a similar professional license. If required in the application instructions, you must request and provide verification of licensure for all of these licenses, past and/or present.

Jurisdiction	Date License Was First Obtained	License Number

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SECTION 6. QUESTIONS – Applicant MUST answer all of the following questions.

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "No" to question A or "Yes" to any of questions B through J below, you must provide full information and complete details on a separate sheet of paper and attach with this application form.

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A.	I certify that I am in compliance with the "Clean Hands Before Receiving a License or Permit Act of 1996" (DC Law 11-118, DC Code §47-2861 et seq.) and I do not owe any outstanding debt over \$100 to the District government as a result of any fine, fee, penalty, interest, or past due taxes as stipulated in that law.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B.	Do you owe any outstanding debt to the District government as a result of any past due child support payments as stipulated in the "Child Support and Welfare Reform Compliance Amendment Act of 2000" (DC Law 13-269, DC Code §46-225.01)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C.	Have you ever been convicted of a crime (other than minor traffic violations) not previously reported to the Board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D.	Have you ever been licensed in DC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E.	Have you ever been licensed in any other state/jurisdiction? (If "Yes," be sure to complete the "Professional Licenses in Other States/Jurisdictions" section of this form.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G.	Has any authority taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
H.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
J.	Have you withdrawn an application to practice your profession in DC or any other state/jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

SECTION 7. APPLICANT AFFIDAVIT

I, being duly sworn, depose and say that the information given in this application, including all writings and exhibits attached hereto, is true and complete.

_____	_____	_____	PEARSON VUE ONLY <input type="checkbox"/>
APPLICANT SIGNATURE	NAME (Please Print)	DATE	

Subscribed and sworn to before me this _____ day of _____, _____ by the affiant, who personally appeared before me.
(Month) (Year)

_____	_____	_____	PEARSON VUE ONLY <input type="checkbox"/>
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	(SEAL)	

SECTION 8. SPONSOR'S AFFIDAVIT

_____	_____	_____	PEARSON VUE ONLY <input type="checkbox"/>
SPONSOR'S SIGNATURE	NAME (Please Print)	DATE	

SPONSOR'S LICENSE PREFIX AND NUMBER

PEARSON VUE ONLY

Board approval date (mm/dd/yyyy): _____

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SECTION 9. SUPPORTING DOCUMENTS REQUIRED			PEARSON VUE ONLY
Please indicate the supporting documents you have included with this package or requested to be sent to Pearson VUE on behalf of your professional licensing Board. Keep a photocopy of all supporting documents for your records.			
A. All applicants: Two recent passport-type photos of the applicant's face (approx. 2" X 2") with applicant's name printed on the back. Home snapshots of computer photographs are not acceptable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B. All applicants: Copy of government-issued ID, which must be submitted as a supporting document.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C. All applicants except apprentice: DC Examination Scheduling Form (with one photo and correct fee attached) sent directly to Pearson VUE pm behalf of the Board.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D. All applicants: Notarized Employment Verification Letters on company letterhead.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E. In addition to Employment Verification Letters: If applying for Steam Engineer only, you must have the signature of currently licensed DC Chief Engineer with license number on letter. Include the horsepower, location and type of equipment operated, along with number of hours worked in the boiler room per week.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F. In addition to Employment Verification Letters: If applying for Operating Engineer only, you must have the signature of Foreman or Supervisor with License number on the letter.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G. In addition to Employment Verification Letters: If applying for Class 1, Class 2, Class 3 and Class 8A only, you must submit a copy of Universal C.F.C. Certificate.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
H. All applicants: Submit the Certificate of Moral Character Form completed by three individuals (not related to the applicant).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I. If applicant's name has changed since attending high school college, university or professional school: Copies of legal documents supporting all name changes.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
J. Special Accommodations: When requesting Special Accommodations for Examinations, you must submit you request in writing along with your application and provide a psychoeducational assessment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
K. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
L. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
M. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
N. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
O. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
P. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
Q. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
R. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
S. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>