

Employer License Verification Form for Engineers

Please complete this form to verify the professional engineering license of the candidate.

Section 1: Candidate Information

Full Name:

Position Applied For:

Date of Birth:

Contact Number:

Section 2: License Information

License Number:

Issuing Authority:

License Type:

Original Issue Date:

Expiration Date:

Current License Status:

Section 3: Employer Verification

Verified By (Name)	<input type="text"/>
Title / Position	<input type="text"/>
Organization	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>
Date of Verification	<input type="text"/>

Signature:

Date:

Note: This verification is conducted to ensure that the licensing information provided by the candidate is valid and up-to-date. Any false or misleading information may affect the hiring decision.