

# 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:**

--Select--

**Original Issue Date:**

**Expiration Date:**

**Current License Status:**

--Select--

## Section 3: Employer Verification

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