

## **VERIFICATION REQUEST**

## (FOR ACCOUNTANCY/PROFESSIONAL ENGINEER & PROFESSIONAL SURVEYOR EXAM(S) VERIFICATION)

## NOTE: Only use this form for verification of exam ONLY for the above professions. If you need a certified verification of licensure, please visit <u>www.michigan.gov/bpl</u> and select "Certified License Verification" to order online.

Requestor's First Name		Middle Name	Last Na	Last Name	
Reque	estor's Email Address	I	Reques	Requestor's Telephone Number with Area Code	
Name	at time of examination:	Examin	Examination Provider:		
How d EMAIL	o you want verification sent to recipient: (Che		If sendi	If sending via email, list recipient's email address here	
If send	ing via US Postal Service, provide recipient's	s name/association/US Stat	e or entity to send verificat	ion to	
Street	Address to send verification to				
City			State	Zip Code	
Cheo	k the appropriate box below to indic	ate the information to	be verified:	-	
	Accountancy Exams	1101-51	FOR	FOR OFFICE USE ONLY	
	CPA Exam Score(s)-exam date:				
	Professional Engineer Exams	6201-51			
	Exam Score(s)-exam date:				
	Professional Surveyor Exams	4001-51			
	Exam Score(s)-exam date:				
	NCEES Record ID #				
FEE F	AYMENT INFORMATION:				
Submit	a <b>\$15.00 fee and a separate form</b> for <i>I</i>	EACH verification recipie	nt needed and mail to F	P.O. Box 30670, Lansing MI 48909.	
Your c	heck or money order, drawn from a U.S. pany this request. <b>DO NOT SEND CAS</b>	financial institution and	made payable to the S		

LARA/BPL-DLVR-OCC (Rev. 10/2023)

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