

STATE OF WISCONSIN DEPARTMENT OF SAFETY & PROFESSIONAL SERVICES

AFFIDAVIT OF NON-PRACTICE
FOR PROFESSIONAL ENGINEER RENEWAL APPLICANTS
SEEKING CONTINUING EDUCATION WAIVERS
PURSUANT TO A-E 13.08

STATE OF WISCONSIN)
) SS.
COUNTY OF _____)

I, _____ (print name), do solemnly swear or affirm

Under penalty of perjury that:

I am a registered Professional Engineer in the State of Wisconsin, registration number _____.

I make this Affidavit in conjunction with my request to renew my credential for the biennium running from **August 1, 2016 to July 31, 2018** without having first met the continuing education requirements for the biennium which ran from **August 1, 2014 to July 31, 2016**.

I am seeking a waiver of the continuing education requirements because I am currently not practicing, or presently intend to no longer practice engineering in the State of Wisconsin during the biennial period running from **August 1, 2016 and ending July 31, 2018**.

That in exchange for such a waiver, I do acknowledge, affirm and agree as follows:

Pursuant to Wis. Stat. s. 443.02(2), no person may practice professional engineering in this state unless the person has been duly registered, is exempt under s. 433.14 or has in effect a permit under s. 443.10(1)(d).

During the biennial period noted in paragraph 3, above, I will not practice professional engineering (as defined in Wis. Stats. s. 443.01(2)) in the State of Wisconsin, whether for compensation or for no compensation.

If at any time during the biennial period noted in paragraph 3, I choose to resume practicing as a professional engineer in Wisconsin, the waiver will become null and void and I must *first* comply with the continuing education requirements set forth in Wis. Admin. Code ch. A-E 13 for the prior biennium and submit proof of compliance to the Department so that my licensure status can be noted accordingly.

1. That by signing this Affidavit, I acknowledge and agree that if I practice professional engineering in the State of Wisconsin during the biennial period noted in paragraph 3 without first complying with the continuing education requirements, my license (no., _____) may, in the discretion of the Section or its designee, be suspended without further notice or hearing until I have complied with the requirements of paragraph 4 of this affidavit and may further subject me to additional discipline, including revocation of registration pursuant to Wis. Stat. s. 443.11 and penalties pursuant to Wis. Stat. s. 443.18
- 2.

Signature of Affiant

Name of Affiant

Subscribed and sworn to before me
this ____ day of _____, 20____.

Notary Public

_____ County, State of _____

My commission: _____

-----**FOR DEPARTMENT USE ONLY**-----

Approved by: _____
Member of the section or authorized designee

Date: _____