



COLORADO

**Department of
Regulatory Agencies**

Division of Professions and Occupations

License Verification

Applicant Name:

First

Middle

Last/Suffix

Social Security Number:

License Information

The individual listed above is licensed in Colorado according to the following:

License Type:

License Number:

Original Issue Date:

Current Expiration Date:

What is the method used to issue the license:

Hours

Results

NCEES

Exam Date

Written Examination:

Examination Option/Discipline:

Oral Examination Hours:

Exam(s) Accepted From:

Were veteran preference points applied to this individual's score?

Yes No

- If YES, please explain:

Has any disciplinary action ever been taken against the applicant?

Yes No

If yes, has this disciplinary case been satisfied according to the board's requirements?

Yes No

- If NO, please explain:

Was the NCEES Cut-Score Used?

Yes No

- If NO, please explain:

Additional Remarks:

Verifier Information

Name

Customer Care Representative

Title