



American Society of Power Engineers

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Name: _____ Birth Date: _____ / _____ / _____
Last First Middle Month Day Year

Address: _____ County: _____

City _____ State: _____ Zip/Postal Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Current Employer: _____

Address: _____ County: _____

City _____ State: _____ Zip/Postal Code: _____

Time with Current Employer: _____ / _____ Time as a Power Engineer: _____
Years Months Years

Please indicate the largest equipment you have experience working on, multiple categories may apply. If this does not apply to your work experience, please leave blank.

Total Refrigeration (In Tons)		Electric Generator (size)	
Total Prime Mover (In HP)		Boiler (In HP or Max Steam Generated per HR)	

Please tell us about your current duties and previous work experience. **(MUST BE COMPLETED)**

If no previous work experience, please indicate Power Engineering Training and/or Completion of the GPiLearn Online Training prescribed courses:

See Reverse Side for Additional Information

Do you currently hold a Stationary Engineers License?

Yes

No

If **Yes**, what type of License and from what Jurisdiction?

(Please attach a copy of current license)

What Type of Examination and License Grade are you applying for?

I hereby certify that all statements and answers contained in this application are true.

Applicant's Signature: _____ Date: _____

(Must be signed and dated)

If you would like to receive information by email about ASOPE updates and/or Training in your area, please provide your email address: _____ @ _____

All information provided in this application is for official use only and will not be provided to any other agency

For Official Use Only

Applicant validated by proof (*please check one*): Driver's License Passport State ID

Purpose of Application: Conversion Request Exam Request

Application approved by: _____ Date: _____

Type of License/Exam Approved: _____ Grade Approved: _____

Date Issued: _____

Method of payment / Amount Paid: _____

Exams Only

Examiner/Proctor: _____

Examination Date: _____ Method of payment / Amount Paid: _____

License Grading Score: _____ Exam Code: _____ Number of Questions missed: _____

License Type Issued: _____ License Grade Issued: _____ License No: _____

Date Issued: _____

Notification/Date: _____