

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

1.

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: _____