

APPLICATION FOR TRANSFER TO FELLOW GRADE

Please print or type:

Name: _____ Date of Birth: _____
 First MI Last Month/Day/Year

Membership No: _____

Job Title: _____ Employer Type (from list on reverse): _____

Professional Registration*: P.E. P.Eng. AICP Other _____

Firm/Agency: _____

Preferred Mailing Address: *Is this, Home or Business?*

Street/P.O. Box

City State Postal Code Country

Secondary Mailing Address:

Street/P.O. Box

City State Postal Code Country

Business Telephone (include area code and extension): _____

Business FAX: _____ E-mail: _____

With this application I apply for transfer to the grade of Fellow in the Institute of Transportation Engineers. I have been in the grade of Member for at least five years and have attained significant professional stature, which is demonstrated by being a legally registered engineer or certified planner, or by having comparable evidence of professional status. I have had primary responsibility for important transportation or traffic engineering work including scientific, educational and managerial activities for at least five years and have demonstrated an active commitment to the work of ITE or the profession.

I certify that the above information is true and correct.

Signature: _____ Date: _____

* Applicants who do not have a professional registration must also complete a Request for Professional Registration Waiver form.

REFERENCES

Please list five references—all of whom should be ITE Fellows—who are familiar with your work and professional qualifications. All five references should not be from the same employment organization; at least two (and preferably three) different organizations or agencies should be represented by the references. One reference should be your current supervisor, when appropriate. If you cannot furnish the names of appropriate ITE Fellows as references, then list members of accredited professional societies, preferably of the country in which you reside, who are knowledgeable about your professional competence. ITE Headquarters will contact them to verify the information contained in this application. Please advise them that you are listing them as references.

Please provide employer and ITE membership grade for each reference—it is very important to the successful processing of your application. Provide membership information for another professional society only if the reference is not a member of ITE. Include complete address for all references; reference forms will be mailed to those addresses by the Membership Department at ITE Headquarters.

For more information, contact ITE at +1 202-289-0222; FAX: +1 202-289-7722.

1. Name	Title	Member of and Membership Grade	
Organization	Street/P.O. Box		
City	State/Province	Country	Postal Code
2. Name	Title	Member of and Membership Grade	
Organization	Street/P.O. Box		
City	State/Province	Country	Postal Code
3. Name	Title	Member of and Membership Grade	
Organization	Street/P.O. Box		
City	State/Province	Country	Postal Code
4. Name	Title	Member of and Membership Grade	
Organization	Street/P.O. Box		
City	State/Province	Country	Postal Code
5. Name	Title	Member of and Membership Grade	
Organization	Street/P.O. Box		
City	State/Province	Country	Postal Code

Please send application and current chronological copy of your resume to:

**Institute of Transportation Engineers
1099 14th Street, NW, Suite 300 West
Washington, DC 20005-3438**



<u>Employer Type</u>	<u>Code</u>				
Federal Government	01	Public Transit	14	Regional Planning	60
State/Provincial Government	02	Educational Institution	20	Railroad	70
County Government	03	Manufacturer/Supplier	30	Military	80
Local Government	04	Contractor/Construction Co.	35	Airline	90
Parking Agency	11	Developer	37	Student	97
Port Authority	12	Association	40	Other	98
Toll Road	13	Consulting Firm	50	Retired	99