



FORM 1

DO NOT WRITE IN THIS SPACE
OFFICE RECORD
DATE RECEIVED
APPLICATION NO.
CLK'S INITIALS

STATE OF MARYLAND
DEPARTMENT OF LABOR
STATE BOARD FOR PROFESSIONAL LAND SURVEYORS
1100 N. EUTAW STREET, ROOM 121, BALTIMORE, MD 21201
Tel: 410-230-6256 Fax: 410-962-8483
Email: dloplandsurveyors-labor@maryland.gov

APPLICATION FOR LICENSURE BY EXAMINATION

PROFESSIONAL LAND SURVEYOR

Application is filed under the subsection checked: (see instructions)
15-305(b) 15-305(c) 15-305(d) 15-305(e) 15-305(f)

1. PERSONAL DATA

Name:

LAST FIRST MIDDLE

Last Name on Transcript, if different

Address: (Street) (Apt., Suite No.)

(City) (State) (ZIP)

(non-US Country)

Telephone: Day Evening E-Mail

Social Security Number (SSN) (Required By State Law)

If you do not have a SSN, contact the Board's office.

Date of Birth Place of Birth

Are you currently licensed as a Professional Land Surveyor? YES NO State Lic. No. Date:

Have you passed Fundamentals of Surveying Examination? YES NO If yes, what date? Date:

Do you hold a current license as a professional engineer? YES NO
If YES, State License No. Expiration Date:

SEE ITEM III. ON INSTRUCTIONS PAGE FOR MORE INFORMATION.

2. CONDUCT QUESTIONS

a. Have you ever been convicted of a felony or misdemeanor in any State or federal court? YES NO If you answered YES, submit a written explanation to the Board, along with a true test copies of the court documents.

b. Have you ever had this type of application denied by Maryland or any other jurisdiction? YES NO If you answered YES, submit a written explanation to the Board.

3. EDUCATION.

Name of College or University	Degree	Graduation Date
Name of College or University	Degree	Graduation Date

NOTE: An official academic transcript must be sent to the Board's office directly from the college registrar. Transcripts marked "issued to student" will not be accepted. Electronic transcripts will be accepted if sent by secure service.

Foreign Degree applicants: For each unapproved institution not located in the U.S., you must provide an official course by course evaluation sent directly from the evaluation company to the Board's office. See www.ncees.org or www.naces.org for a list of evaluation companies. The Board will only accept evaluations from companies that obtain transcripts directly from the institution.

4. EXPERIENCE.

Begin with EARLIEST employment, for each separate employment, identify each person from whom you will seek an endorsement. In general, your endorser should be the person who is/was the immediate supervisor of your work. If you are unable to obtain a supervisor's endorsement, select another person with whom you worked who is sufficiently knowledgeable about your work to attest to the accuracy of your experience description. If part of your experience results from self-employment (e.g. as a licensee in another state), endorsement can be from a responsible subordinate or from a client for whom you provided professional services. The RPE numbers below must correspond to the numbers in the RPE boxes at the top right corner of the individual **RPE Forms**.

RPE FORM No.	Company or Employer Name (Enter earliest engagement first)	Name of Endorser (If any)	Dates of Employment Mo/Yr to Mo/Yr	Total Time Yrs/Mos
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
TOTAL Experience Claimed:			_____ Years	_____ Months

5. CERTIFICATION

"I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I further authorize the release of any information contained within this agreement to an authorized representative of the Department of Labor for further investigation. I certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided for payment in a manner satisfactory to the unit responsible for collection."

Signature of Applicant _____ **DATE** _____

In accordance with Executive Order 01.01.1983-18, the Department of Labor is required to advise you as follows regarding the collecting of personal information: Personal Information requested by the licensing agency of the Department is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the agency to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect his/her personal record and to amend or correct the personal data if necessary. Personal information is generally available for inspection by the public only in accordance with the Public Information Act. Personal information is not routinely shared with state, federal or local government agencies.

STATE OF MARYLAND
DEPARTMENT OF LABOR
STATE BOARD FOR PROFESSIONAL LAND SURVEYORS
REPORT OF PROFESSIONAL EXPERIENCE (RPE)

INSTRUCTIONS TO APPLICANT: Forward this original RPE Form to your endorser. If your endorser is not a licensed Professional Land Surveyor, select another person with whom you worked who is sufficiently knowledgeable about your work to attest to the accuracy of your experience description.

Be sure the RPE number in this box at the top right corner of this form corresponds with the appropriate RPE number and information on page 2 of Form 1.

SECTION 1: TO BE COMPLETED BY APPLICANT.

Name: _____
LAST FIRST MIDDLE
Telephone (home) _____ (work) _____
Last four of Social Security Number

Experience described on page 2 of this RPE form was obtained while employed by:

Firm or Organization Name: _____

Endorser's Name: _____

TIME PERIOD: Beginning _____ Ending _____ [] Full Time [] Part Time, _____ hrs/ per wk

I hereby certify that the work experience described on the reverse side of this RPE Form and the time claimed for that experience are true and accurate.

APPLICANT'S SIGNATURE

DATE

SECTION 2: TO BE COMPLETED BY ENDORSER

- 1. Read carefully the Applicant's Report of Professional Experience on page 2 of this RPE Form and any continuation sheets.
2. Provide the requested information below and answer questions 1-3. Please type or print clearly.
3. SIGN THE ENDORSER'S AFFIDAVIT IN SECTION 4 AND AT THE BOTTOM OF EACH RPE CONTINUATION SHEET (Form 2a), IF ANY. If you disagree with any information provided by the applicant, please do not endorse the Applicant's experience and provide a letter of explanation as to why you disagree with the type of work experience or length of work experience claimed by the applicant.

Endorser's Name: _____

Address: _____

STREET CITY STATE ZIP

Daytime Phone: _____ E-Mail: _____

Licensed Prof. Land Surveyor in _____ State License No. _____

Licensed Property Line Surveyor in _____ State License No. _____

WITH RESPECT TO THE APPLICANT'S REPORT OF PROFESSIONAL EXPERIENCE AS DESCRIBED IN SEC. 3

- 1. Does the description accurately reflect the work personally performed by the applicant? [] YES [] NO
2. Does the time claimed by the applicant for this experience reasonably reflect the actual time? [] YES [] NO
3. IDENTIFY YOUR PROFESSIONAL WORK RELATIONSHIP WITH THE APPLICANT AT THE TIME. IF NONE, EXPLAIN:

DO NOT RETURN ORIGINAL TO THE APPLICANT.

SEND THIS FORM TO:
BOARD FOR PROFESSIONAL LAND SURVEYORS
1100 N. EUTAW ST, ROOM 121,
BALTIMORE, MD 21201

FORM 3

**STATE OF MARYLAND
DEPARTMENT OF LABOR
STATE BOARD FOR PROFESSIONAL LAND SURVEYORS**

**PERSONAL EVALUATION
OF PROFESSIONAL EXPERIENCE**

Submit FORM 3 only if you are required to submit FORM 2, REPORT OF PROFESSIONAL EXPERIENCE. Submit directly to the Maryland Board, together with FORM 1, APPLICATION FOR PROFESSIONAL LAND SURVEYOR EXAMINATION. Do not send this form to your endorsers. This form must be typed.

APPLICANT INSTRUCTIONS - The Maryland law pertaining to land surveying requires that experience found satisfactory to the Board must demonstrate certain general characteristics. After you have completed writing your Report of Professional Experience Form(s), complete this FORM 3 by answering each question, (a) through (f).

SECTION I.

NAME: _____
 LAST **FIRST** **MIDDLE**

Social Security Number: XXX-XX-_____

SECTION II.

Explain how you believe the experience you have described in your Reports of Professional Experience Form(s) demonstrates the characteristics described in each question, (a) through (e).

(a) Responsible charge of work related to property conveyance and for boundary line determination.
(As a general rule, 50% of your experience should satisfy this criterion.)

(b) Experience in field aspects of the profession:

(c) Experience in office aspects of the profession:

(d) Experience in ethical aspects of the profession:

(e) To what extent has your experience been obtained under the direct supervision of a licensed surveyor:

(f) Was any part of the experience you reported acquired while working outside of the United States?

Yes _____ No _____

If yes, does the experience you have submitted include at least two years of experience acquired while working on surveying projects requiring knowledge and use of surveying standards and practices utilized in the United States?

Yes _____ No _____

Explain, citing specific examples of your work to demonstrate your knowledge and familiarity of U.S. codes and practices:

Applicant's Signature: _____

Date: _____

FORM 5

REQUEST FOR VERIFICATION OF LICENSURE/EXAMINATION

TO: Maryland State Board for Professional Land Surveyors
1100 N. Eutaw Street, Room 121, Baltimore, Maryland 21201
(410) 230-6256 • FAX: (410) 962-8483 • email: surveyor@dllr.state.md.us

SECTION 1. APPLICANT MUST COMPLETE THIS SECTION

BOARD OF LICENSURE/EXAMINATION PERSONAL DATA (Completed by Licensee)
FROM: (Name and Address of State Board)
Name:
Address:
Social Security No. xxx-xx-

SECTION II. STATE VERIFICATION INFORMATION (Completed by State Board Providing Verification)
THE ABOVE NAMED PERSON LICENSED: LICENSE NUMBER DATE ISSUED VALID UNTIL
PROFESSIONAL LAND SURVEYOR
PROFESSIONAL ENGINEER

SECTION III. BASIS OF LICENSURE
1. WRITTEN EXAMINATION
NAME OF EXAM HOURS GRADE (PASS/FAIL) EXAM DATE NCEES EXAM? (YES OR NO)
Fundamentals of Surveying/Engineering
Principles of Surveying/Engineering
2. BY RECIPROCITY FE/FS (EIT/LSIT) ACCEPTED FROM: (State)
PE/PS/ ACCEPTED FROM: (State)
3. OTHER

SECTION IV. DISCIPLINARY QUESTIONS
1. Has any disciplinary action ever been taken against the applicant? YES NO
2. If so, has this disciplinary case been satisfied to the Board's requirements? YES NO If not, please note on back

BY: Date:

TITLE:

BOARD SEAL