

FORM 1

### 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: dlopllandsurveyors-labor@maryland.gov

## **APPLICATION FOR LICENSURE BY EXAMINATION**

PROFESSIONAL LAND SURVEYOR

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

# 1. PERSONAL DATA

| varne:   |   |                   |                        |               |              |
|--|---|-------------------|------------------------|---------------|--------------|
| LAST   |   | FIRST             |                        | MID           | DLE          |
| ast Name on Transcript, if different   |   |                   |                        |               |              |
| Address:   |   |                   |                        |               |              |
| (Street)   |   |                   |                        | (Apt., Suite  | No.)         |
| (City)   |   | (State)           |                        | (ZIP          | )            |
| (non-US Country)   |   |                   |                        |               |              |
| Telephone: Day Eve   | ning                                    |                   |                        | E-Mail        | . <u></u>    |
| Social Security Number (SSN)<br>(Required By State   | Law)                                    |                   | _                      |               |              |
| f you do not have a SSN, contact the Board's of  | fice.                                   |                   |                        |               |              |
| Date of Birth  | Place of Birth                          |                   |                        |               |              |
| Are you currently licensed as a Professional<br>∟and Surveyor?   | ☐ YES<br>☐ NO                           | State<br>Lic. No. |                        |               | Date:        |
| Have you passed Fundamentals of Surveying<br>Examination?  | ☐ YES<br>☐ NO                           | lf                | <sup>;</sup> yes, what | t date?       | Date:        |
| Do you hold a current license as a professional e  | engineer?                               | 🗌 YES             | 🗌 NO                   |               |              |
| f YES, State License No.   |   |                   |                        | Expiration Da | ate:         |
| SEE ITEM III. ON INSTRUCTIONS PAGE F   | OR MORE INF                             | ORMATION          | l <b>.</b>             |               |              |
| 2. CONDUCT QUESTIONS   |   |                   |                        |               |              |
| a. Have you ever been convicted of a felony or<br>YESNO If you answere<br>true test copies of the court documents. | misdemeanor i<br>ed <b>YES</b> , submit |                   |                        |               | along with a |

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.

Page 1 of 2 - Form 1

## 3. EDUCATION.

| Name of College or University | Degree | Graduation Date   |
|-------------------------------|--------|---|
| Name of College or University | Degree | Graduation Date   |
|                               |        |   |
|                               |        | ard's office directly from the college registrar.<br>epted. Electronic transcripts will be accepted if sent |

## 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<br>FORM<br>No.<br>1. | Company or Employer Name<br>(Enter earliest engagement first) | Name of Endorser<br>(If any) | Dates of<br>Employment<br>Mo/Yr to Mo/Yr | Total<br>Time<br>Yrs/Mos |
|--------------------------|---|------------------------------|--|--------------------------|
| 2.                       |   |                              |  |                          |
| 3.                       |   |                              |  |                          |
| 4.                       |   |                              |  |                          |
| 5                        |   |                              |  |                          |
| 6.                       |   |                              |  |                          |
|                          | TOTAL Exp   | perience 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 <u>not</u> routinely shared with state, federal or local government agencies.

#### Form 2

| SHEFT | NUMBER |
|-------|--------|
|       | NOMBER |

### OF

∃ NO

#### 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 informa  | ation on page 2 of Form 1.                     | -              |                  |                  | •                         |  |
|---|--|----------------|------------------|------------------|---------------------------|--|
|   | COMPLETED BY APPLIC                            | CANT.          |                  |                  |                           |  |
| Name:   | LAST   |                |                  |                  |                           |  |
| Talanhana (hama)  | LAST   | FIRST          |                  | MIDDLE           |                           |  |
| relephone (nome)  | (work  | ()             |                  | XXX- XX          | -<br>cial Security Number |  |
| Experience describe   | ed on page 2 of this <b>RPE fo</b>             | rm was obtaine | d while employ   |                  |                           |  |
| Firm or Organization  | n Name:  |                |                  |                  |                           |  |
|   |  |                |                  |                  |                           |  |
| TIME PERIOD: Beg  | inning Endi                                    | ng             | 🗌 Full Ti        | me 🗌 Part Time   | , hrs/ per wk             |  |
| I hereby certify that that experience are   | the work experience descril true and accurate. |                | rse side of this |                  | ne time claimed for       |  |
| APPLICAN  | T'S SIGNATURE                                  |                |                  |                  | DATE                      |  |
| 1. Read carefully the   | BE COMPLETED BY END                            |                | ence on page 2   | of this RPE Form | n and any continuation    |  |
| <ol> <li>sheets.</li> <li>Provide the requested information below and answer questions 1-3. Please type or print clearly.</li> <li>SIGN THE ENDORSER'S AFFIDAVIT IN SECTION 4 AND AT THE BOTTOM OF EACH <b>RPE</b> CONTINUATION SHEET (<b>Form 2a</b>), IF ANY. If you disagree with any information provided by the applicant, please do <u>not</u> 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.</li> </ol> |  |                |                  |                  |                           |  |
| Endorser's Name:  |  |                |                  |                  |                           |  |
| Address:  |  |                |                  |                  |                           |  |
|   | STREET   | CITY           |                  | STATE            |                           |  |
| Daytime Phone:  |  |                | E-Mail:          |                  |                           |  |
|   | Surveyor in                                    |                | License No.      |                  |                           |  |
| Licensed Property L   | ine Surveyor in                                | State          | License No.      |                  |                           |  |
|   |  |                |                  |                  |                           |  |

#### WITH RESPECT TO THE APPLICANT'S REPORT OF PROFESSIONAL EXPERIENCE AS DESCRIBED IN SEC. 3 YES NO

- 1. Does the description accurately reflect the work personally performed by the applicant?
- ∃ YES Does the time claimed by the applicant for this experience reasonably reflect the actual time? 2. IDENTIFY YOUR PROFESSIONAL WORK RELATIONSHIP WITH THE APPLICANT AT THE TIME. 3.
- 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                   |

## SECTION 3: TO BE COMPLETED BY APPLICANT.

| Α. | Briefly describe your general | land surveying duties during your | r employment with the firm named in Section 1. |
|----|-------------------------------|-----------------------------------|--|
|----|-------------------------------|-----------------------------------|--|

## В.

1. Describe, in separate paragraphs, the specific categories of surveying work you personally performed while employed by the firm named on the front of this RPE. Use specific assignments as examples. Indicate separately in the TIME column at the right, the time you spent on <u>each</u>.

2. Were you supervised by a Licensed Surveyor? YES

If you need more than one endorser from a single firm, USE SEPARATE RPE FORMS FOR EACH ENDORSER. If you do not have sufficient space on this form to report the experience to be verified by a single endorser, use additional RPE Continuation Sheets (**Form 2a**). BOTH YOU AND YOUR ENDORSER MUST SIGN EVERY SHEET. Indicate the number of extra RPE CONTINUATION SHEETS (Form 2a) for this endorser. If zero enter "0"

| Types of Surveying Work   | YRS | MOS |
|---|-----|-----|
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| TOTAL THIS SHEET  |     |     |
| dicate the number of RPE Continuation Sheets (Form 2A) for this endorser. If zero, enter "0". |     |     |

**C.** Describe briefly your personal level of responsibility or authority for the work described above. Explain any changes in your title resulting from promotions or other job changes during this period of employment.

## SECTION 4: ENDORSER'S AFFIDAVIT (Also complete Section 2 on Page 1)

I have read the Applicant's Report of Professional Experience, I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and surveying ability and that the work experience described by the applicant and the time claimed therefore are generally true and accurate.

| Endorser's Signature   | Date  | SEAL |
|------------------------|-------|------|
| Endorser's License No. | State |      |
|                        |       |      |

## FORM 2A

#### RPE No: \_

| SHEET NUMBER   |   |
|----------------|---|
| OF             |   |
| ATTACH TO FORM | 2 |

## STATE OF MARYLAND DEPARTMENT OF LABOR

## STATE BOARD FOR PROFESSIONAL LAND SURVEYORS

## **RPE CONTINUATION SHEET**

| Name                                  |          |                   |          |        |
|---------------------------------------|----------|-------------------|----------|--------|
| LAST                                  | FIRST    | N                 | IIDDLE   |        |
| Signature                             | xxx -    | XX -              |          |        |
|                                       |          |                   | Y LAST-4 |        |
| CONTINUATION OF SECTION 3 B (FORM 2): |          |                   | TIN      |        |
| TO BE COMPLETED BY APPLICANT.         |          |                   | YRS      | Months |
|                                       |          |                   |          |        |
|                                       |          |                   |          |        |
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|                                       |          |                   |          |        |
|                                       | τοτα     | AL THIS SHEET     |          |        |
|                                       | Tot      | tal this endorser |          |        |
|                                       | * 🗌 FIN/ | AL SHEET          |          |        |

## SECTION 6: ENDORSER'S AFFIDAVIT:

I have read the Applicant's Report of Professional Experience, I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and surveying ability and that, the work experience described by the applicant and the time claimed therefore are generally true and accurate.

| Endorser's Signature   | Date    |      |
|------------------------|---------|------|
|                        |         | SEAL |
| Endorser's License No. | _State: |      |

## 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 SURVYEOR 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\_\_\_\_\_\_

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

Applicant's Signature:\_\_\_\_\_

Date:\_\_\_\_\_

## FORM 4 STATE OF MARYLAND DEPARTMENT OF LABOR STATE BOARD FOR PROFESSIONAL LAND SURVEYORS

## **REFERENCE INFORMATION FORM**

## Complete the information below and return with your completed application.

YOUR NAME LAST FIRST MIDDLE

**INSTRUCTIONS:** You must obtain a minimum of five (5) original letters of reference.

At least 3 references should be from professional land surveyors who have personal knowledge of the applicant's land surveying experience. Personal knowledge must have come from an examination of the applicant's work to the extent that the reference is sufficiently familiar with that experience to comment about it.

#### The letters should contain the following information; where applicable:

- The business relationship to you.
- The number of years the land surveyor has known you.
- Whether or not the land surveyor feels you possess adequate technical knowledge.
- In the land surveyor's judgment, has your experience been of a satisfactory character.
- Further comments and recommendations
- Name of the state in which the land surveyor is registered; registration number and signature.

Below, please give the name's and titles of the references that the Board is expecting to receive for the applicant. The applicant may collect all the reference letters and submit them to the Board at one time.

| Reference Name | Occupation                 |
|----------------|----------------------------|
| 1.             | Professional Land Surveyor |
| 2.             | Professional Land Surveyor |
| 3.             | Professional Land Surveyor |
| 4.             |                            |
| 5.             |                            |

Applicant 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   |         | PERS      | ONAL DATA (Complete       | ed by Licensee) |
|--|---------|-----------|---------------------------|-----------------|
| FROM: (Name and Address of State Board)  |         | Name:     |                           |                 |
|  |         | Address:  |                           |                 |
|  |         |           |                           |                 |
|  |         | Social Se | curity No. <b>xxx-xx-</b> |                 |
| 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?<br>(YES OR NO) |  |
| Fundamentals of<br>Surveying/Engineering   |       |                   |           |                            |  |
| Principles of<br>Surveying/Engineering   |       |                   |           |                            |  |
| 2. BY RECIPROCITY FE/FS (EIT/LSIT) ACCEPTED FROM: (State)  |       |                   |           |                            |  |
| PE/PS/ ACCEPTED FROM: (State) 3.   |       |                   |           |                            |  |
|  |       |                   |           |                            |  |
| SECTION IV. DISCIPLINARY QUESTIONS         1. Has any disciplinary action ever been taken against the applicant?         YES |       |                   |           |                            |  |

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 |