

INSTRUCTIONS FOR COMPLETING THIS FORM:

You cannot electronically save any of the additions you make to this form. In other words, after you complete this form on your computer, it can not be saved with your information. We recommend that before typing your responses online, you print two blank copies and complete one by hand. When you're sure all the answers are complete, open the application file again and enter your responses on the form, then immediately print it, sign it and date it. Make a copy for your files before mailing your application materials.

WARNING: If an applicant is unable to complete or print an online form, he or she is NOT relieved of the requirement to meet the final filing date requirement. WE STRONGLY URGE ALL CANDIDATES PLANNING TO USE THE WEBSITE FORMS TO COMPLETE THEIR ONLINE "TYPING" AT LEAST TWO WEEKS BEFORE THE FINAL FILING DATE. We also strongly recommend that you print one or two extra blank forms in case computer or printer problems force you to use a typewriter to meet the filing deadline. The Board is not responsible for any failure by an applicant to meet filing deadlines.

To Fill Out the Form:

- Use month/day/year format for dates (02/06/74).
- Use standard abbreviations where possible (i.e. Sr for Senior, Mgr. for manager, St for Street, CA for California, etc.) **If all of the characters you have typed do not show up on the form, the missing characters will not print. Go back and shorten or abbreviate your answer to fit.** Font size cannot be changed in Acrobat Reader.
- Use the magnifying glass to increase (click once) or decrease (control+click) your view of the form
- Select the "hand" tool. Move the hand over the first blank on the form. The hand will turn into an "I-beam" cursor.
- Type the requested information. Press Tab to accept the change and to go to the next field.
- For check boxes, the hand will become an arrow. Click cursor to mark box.
- Press shift+tab to go to the previous field.
- Pressing Tab, Return, or Enter will accept the entry you've made and enter it on the form. **If you do not press tab, return, or enter, the information you entered will not be accepted and will not print out.**
- Once you have completed the form, print it, sign it, and make a photocopy for your files.
- When you mail the form, please do not include this page of instructions.



BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, CPFP I GQNQI KUVU

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APPLICATION FOR LICENSE AS A PROFESSIONAL LAND SURVEYOR

For Board Use Only	
Receipt _____	
Received _____	
License No. _____	

New Application
 Application for Reinstatement
 Re-Application
 Comity
 Date of Examination: _____ (MoYr)
 I will be submitting a Council Record
 I will not be submitting a Council Record
 Final Filing Date: _____

Type your name exactly as you want it to appear on your wall certificate. IMPORTANT: The names and addresses of Board licensees are public records and are published in both electronic and print media, as well as disclosed upon request to the Board. You may use a home address, a post office box, or a business address.

1. Last Name		First	Middle	2. Social Security Number	
3. Street Address		City	State	Zip Code	Country
For Identification Purposes Only		5. Phone, with Area Code and Extension		FAX:	
4. Month/Day/Year of Birth:		Home:		Business:	
6. If you are certified as a Land Surveyor-In-Training or Engineer-in-Training by passing a written examination, give the following information:					
State:		Certificate No.:		Date: <input type="checkbox"/> LSIT Waiver Requested	
7. List any other license or registration you now hold as a Professional Land Surveyor or Professional Engineer. Under the heading "How Obtained," indicate oral exam – oral interview – written exam – reciprocity – comity – education/experience – grandfather clause, etc. IF BY WRITTEN EXAM, INDICATE 8 OR 16 HOUR.					
STATE	BRANCH	DATE GRANTED	CERT. NO.	EXP. DATE	HOW OBTAINED
8. EDUCATION. List all education for which experience credit is requested. (See instruction sheets) SEALED TRANSCRIPTS MUST BE INCLUDED.					
NAME AND LOCATION OF INSTITUTION		ATTENDANCE From (mo/yr) To (mo/yr)	COURSE OR MAJOR	DATE OF GRADUATION	TYPE OF DEGREE
9. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, INCLUDING ANY MISDEMEANOR, OR ENTERED A PLEA OF NOLO CONTENDERE OTHER THAN FOR A MINOR TRAFFIC OFFENSE? CONVICTIONS DISMISSED UNDER PENAL CODE SECTION 1203.4 MUST BE DISCLOSED. <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, explain fully under remarks on page 2.</i>					
10. HAVE YOU EVER APPLIED FOR LICENSURE OR REGISTRATION, HAD AN APPLICATION FOR LICENSE OR REGISTRATION DECLARED INELIGIBLE OR HAD A LICENSE OR REGISTRATION SUSPENDED OR REVOKED IN ANY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, explain fully under remarks on page 2.</i>					

I CERTIFY UNDER PENALTY OF PERJURY AS PROVIDED BY SECTION 2015.5 OF THE CODE OF CIVIL PROCEDURE AND UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION ON THIS APPLICATION AS WELL AS ANY OTHER DOCUMENTS SUBMITTED IN SUPPORT OF THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF I SHOULD BECOME LICENSED, I WILL SUPPORT THE CONSTITUTION OF THIS STATE AND OF THE UNITED STATES, AND I WILL FAITHFULLY DISCHARGE THE DUTIES OF A LICENSED PROFESSIONAL LAND SURVEYOR.

SIGNATURE

DATE

Optional: e-mail address _____

NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO SUBMIT A COMPLETE APPLICATION PACKAGE. ANY APPLICATION INCOMPLETE AS OF THE FINAL FILING DATE WILL BE PROCESSED FOR THE NEXT SCHEDULED EXAMINATION

USE TYPEWRITER OR FILL OUT FORM ONLINE, PRINT AND SIGN THIS APPLICATION

11. ENGAGEMENT SUMMARY AND REFERENCES FOR

SS#

List your engagements below in reverse chronological order. Leave no gaps in the record. Your present engagement is No. 1. An engagement is one association, with one employer, in one capacity, at one level of responsibility. A change in engagement is a promotion, a new employer, or a significant change in duties, authority, responsibility, etc. DIFFERENT PROJECTS IN THE SAME CAPACITY FOR ONE EMPLOYER ARE NOT CONSIDERED SEPARATE ENGAGEMENTS. ADDITIONAL COPIES OF THIS FORM MAY BE USED WHEN NECESSARY.

For each engagement claimed as qualifying experience, list the name of a person who will serve as a reference. These individuals should be licensed Professional Land Surveyors or Professional Engineers authorized to practice land surveying. YOU MUST LIST AT LEAST FOUR PERSONS WILLING TO SERVE AS REFERENCES FOR YOU.

ENGAGEMENT NUMBER	FROM (mo/day/yr) TO (mo/day/yr)	Employer	Name of Reference	Reference's License No/State
	Months of Qual. Experience**	Applicant's Job Title	Professional Relationship	Branch
1				
	MONTHS**			
	MONTHS**			
	MONTHS**			
	MONTHS**			
	MONTHS**			
	MONTHS**			
	MONTHS**			

13. REMARKS: Use this space for amplifying remarks, and for replies to questions above or on Page 1.