

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM
COMMISSIONER**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS
APPLICATION FOR LICENSURE BY EXAMINATION OR ENDORSEMENT**

Chapter 472, Florida Statutes
Rule 5J-17.029(1)(b), Florida Administrative Code

Florida Department of Agriculture and Consumer Services
Board of Professional Surveyors and Mappers
Application for Licensure by Examination or Endorsement

If you have any questions or need assistance in completing this application, please contact the Florida Department of Agriculture and Consumer Services at 1-800-HELP-FLA (435-7352) or 850-410-3800.

When filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all information requested is provided. Please read all questions thoroughly.

INSTRUCTIONS

Only complete applications will be presented for board review. The schedule for examinations is available online at: www.800helpfla.com/psm.

In order to become licensed as a Professional Surveyor and Mapper, an applicant must successfully pass three (3) exams:

1. Fundamentals of Land Surveying (FS) – Part I
2. Principles and Practices of Surveying (PS) – Part II
3. Florida Jurisdictional, 100 Item Multiple Choice – Part III

VERIFICATION OF LICENSURE

If licensed in another state, please use the attached form provided.

VERIFICATION OF EXPERIENCE

The Board will evaluate your experience as outlined and substantiated by licensed Professional Surveyors and Mappers, who have verified an applicant's experience in surveying and mapping. As much experience as possible should be verified.

VERIFICATION OF EDUCATION

An official transcript must be submitted to the Department directly from the colleges or universities.

Foreign graduates must have their transcript(s) evaluated by a Professional Evaluation Service for degree equivalency. Additional information may be obtained by visiting our website at www.800helpfla.com/psm.

FEES

Testing fees will be paid directly to National Council of Examiners for Engineering and Surveying (NCEES) after Florida Board approval. All other fees must be submitted to the Department with completed applications except those to be paid to NCEES for examination.

EXAMINATION

NCEES Exam Administration Services is responsible for the administration of the exam. Upon approval of the Board, you must register with NCEES to reserve your seat and pay the associated examination costs. Registration can be completed online at www.ncees.org.

Application Checklist

- | | | |
|--|--------------------------|---|
| Initial Application for Licensure | <input type="checkbox"/> | Submit this application along with your required \$255 fee. |
| Application for Temporary Certificate | <input type="checkbox"/> | Submit this application along with your required \$155 fee. |
| Endorsement Application for Licensure | <input type="checkbox"/> | Submit this application along with your required \$255 fee. |

Make all checks payable to the Florida Department of Agriculture and Consumer Services (FDACS).

APPLICATION REQUIREMENTS

- Submit official transcripts to the Department from the college/university.
- Foreign equivalency (if applicable).
- Employment Verification

Please send your completed application, documentation and required fee(s) to:

FDACS
Surveyors and Mappers
P.O. Box 6700
Tallahassee, FL 32314-6700



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1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Submit and Pay Online at:

www.FreshFromFlorida.com

- or -

Check or Money Order payable to
FDACS and remit with application to:

FDACS
P.O. Box 6700
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application, with the exception of transcripts, are subject to public review pursuant to Chapter 119, F.S.

APPLICATION TYPE

- Initial Exam Temporary Certificate Endorsement Application

APPLICANT INFORMATION

Name: _____ Suffix: _____

Date of Birth: ____ / ____ / ____ Gender: Male Female **Social Security Number: _____

Race:
 Asian or Pacific Islander Black or African American Native American or Alaskan Native
 Spanish, Hispanic, or Latino White or Caucasian Other

Home Address (if applicable please include suite, apartment and/or unit numbers):

City: _____ State: _____ Zip Code: _____

County (if address is in Florida): _____ Country: _____

Please check if mailing address is the same as home address.

Mailing Address (if applicable please include suite, apartment and/or unit numbers):

City: _____ State: _____ Zip Code: _____

County (if address is in Florida): _____ Country: _____

Email Address: _____

Contact Number(s):
(____) ____ - ____ (____) ____ - ____
 Home Phone Cellular Phone
(____) ____ - ____ (____) ____ - ____
 Business Phone Facsimile

Org Code: 42 10 08 01 000	
EO: A2	
Object Code: 001266	\$125
Object Code: 002230	\$125
42100802000 / 001256	\$5

** Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.

PRIOR NAME INFORMATION

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

Yes No

If you answered yes, please provide name(s) below:

Name: _____ Suffix: _____

Name: _____ Suffix: _____

Name: _____ Suffix: _____

Name: _____ Suffix: _____

EDUCATION HISTORY

Highest Grade Completed (Please check one):

High School:

College:

Graduate School:

1 2 3 4

1 2 3 4

1 2

Name and Address of Schools, Colleges, or Universities Attended	Year of Graduation	Degree	Currently enrolled? <i>If Yes*, date of anticipated graduation.</i>	Foreign School <i>Was your school located overseas?</i>
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL HISTORY INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer on "Exhibit 1" located below** (make additional copies as needed).

- a.** Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." Yes No
- b.** Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? Yes No
- c.** Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, refused, revoked, suspended, or otherwise acted against, or is there now a pending proceeding or investigation to deny such an application? Yes No
- d.** Has any license, registration, certificate or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished surrendered, withdrawn, or otherwise acted against, in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending? Yes No

Exhibit 1

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

Court or administrative agency rendering the decision, judgment, or order:

State / Governmental agency which brought the action:

Nature of conviction, judgment, order, or action:

Date of Action:

Docket Number:

OUT OF STATE LICENSES

Please list all your out of state licenses (attach additional sheets if necessary).

State 1	a. Issuing State: _____ License Number: _____ Expiration Date: _____
	b. License obtained by: <input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____
	c. Was an licensure exam taken: <input type="checkbox"/> Yes* <input type="checkbox"/> No
	* If Yes: Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam? If so, please select the examination(s) completed: <input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)
	Please select if the examination(s) was a state exam? <input type="checkbox"/>
	d. Is the license in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No* * If No, please provide explanation: _____

State 2	a. Issuing State: _____ License Number: _____ Expiration Date: _____
	b. License obtained by: <input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____
	c. Was an licensure exam taken: <input type="checkbox"/> Yes* <input type="checkbox"/> No
	* If Yes: Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam? If so, please select the examination(s) completed: <input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)
	Please select if the examination(s) was a state exam? <input type="checkbox"/>
	d. Is the license in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No* * If No, please provide explanation: _____

EMPLOYMENT HISTORY

A specific experience record is required for licensure as a surveyor and mapper. The experience must be as a subordinate to a licensed surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

472.005(6), Florida Statutes The term "**responsible charge**" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list all your previous employers where you have gained experience as a surveyor and mapper (attach additional sheets as necessary):

Employer 1	Employer / Company Name: _____		Employer / Company Address: _____	
	City: _____		State: _____	Zip Code: _____ - _____
	Supervisor's Name: _____		License Number: _____	Contact Number: _____
	Dates of Employment:		Number of Hours Per Week:	
	From: _____	To: _____	_____	
	Did you ever work on a part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Hours Per Week:	
	From: _____	To: _____	_____	
	From: _____	To: _____	_____	
	From: _____	To: _____	_____	
	Total Months of Experience:		_____	
Routine (in months): _____		Responsible Charge (in months): _____		
Summary of Experience				

Employer 2	Employer / Company Name: _____		Employer / Company Address: _____	
	City: _____		State: _____	Zip Code: _____ - _____
	Supervisor's Name: _____		License Number: _____	Contact Number: _____
	Dates of Employment:		Number of Hours Per Week:	
	From: _____	To: _____	_____	
	Did you ever work on a part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Hours Per Week:	
	From: _____	To: _____	_____	
	From: _____	To: _____	_____	
	From: _____	To: _____	_____	
	Total Months of Experience:		_____	
Routine (in months): _____		Responsible Charge (in months): _____		
Summary of Experience				

EXAMINATION INFORMATION

Please complete the following:

Fundamentals of Land Surveying (Part I) *If you are applying as an SIT this is the only part that is required.*

Have you passed this exam?

Yes No

State Board:

Year Passed:

Principles and Practice (Part II)

Have you passed this exam?

Yes No

State Board:

Year Passed:

Florida Jurisdictional 100 Item Multiple Choice (Part III)

Have you passed this exam?

Yes No

State Board:

Year Passed:

SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability or if you have a religious conflict with the scheduled examination date.

Yes** No

*** If yes, please contact the Florida Department of Agriculture and Consumer Services immediately at 1-800-HELP-FLA (435-7352) if you're calling from within Florida, or 850-410-3800 calling from outside Florida.*

AUTHORIZATION

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature: _____ Date: _____

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



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1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Please return this form to:
FDACS
Division of Consumer Services
Surveyors and Mappers
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

472.005(6), Florida Statutes The term "**responsible charge**" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

Applicant Name: _____		Title: _____	
Employer / Company Name: _____		Employer / Company Address: _____	
City: _____	State: _____	Zip Code: _____	
Supervisor's Name: _____		Contact Number: _____	
Dates of Employment:		Number of Hours Per Week:	
From: _____	To*: _____	_____	
Did the applicant ever work on a part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Hours Per Week:	
From: _____	To: _____	_____	
From: _____	To: _____	_____	
From: _____	To: _____	_____	
Total Months of Experience:			
Routine (in months): _____ + Responsible Charge (in months): _____ = Total Months of Experience _____			
If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.			
Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant			
_____	_____	_____	_____
<i>Print name and license number of surveyor and mapper verifying experience</i>	<i>Sealed</i>	<i>Signature of licensed surveyor and mapper verifying experience</i>	<i>Date</i>

* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



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**BOARD OF PROFESSIONAL
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VERIFICATION OF LICENSURE**

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5J-17.029(1)(b)

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Tallahassee, FL 32399-6500

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AGENCY INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

LICENSEE INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License Number: _____ ** Social Security Number: _____ Date of Birth: _____ / _____ / _____

License Type:

_____ Professional Land Surveyor _____ Surveyor in Training _____ Other: _____

Basis of Licensure:

_____ Written Examination	Hours	Results	NCEES	Date of Exam
PLS	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
FLS	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
State	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

_____ PLS/FLS Accepted From: _____

Date of Initial License: _____ Expiration Date: _____

DISCIPLINARY HISTORY

Disciplinary Action Taken/Pending (Please provide the date and nature of each violation and any penalties):

LICENSURE AUTHORITY SIGNATURE

I _____, am an employee of the above named agency and authorized to conduct a diligent search of the Agency's records that are prepared as a regular practice. After a diligent search of those records, I hereby certify that the foregoing is a true and accurate record of licensure history for the above named licensee.

Affix Agency Seal:

Signed By

Position Title

Date

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