

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**NICOLE "NIKKI" FRIED
COMMISSIONER**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS
APPLICATION FOR REEXAMINATION**

Chapter 472, Florida Statutes
Rule 5J-17.037, Florida Administrative Code

Florida Department of Agriculture and Consumer Services
Board of Professional Surveyors and Mappers
Application for Reexamination

If you have any questions or need assistance in completing this application, please contact the Florida Department of Agriculture and Consumer Services (FDACS) 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

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

1. Fundamentals of Land Surveying (Part I)
2. Principles and Practice (Part II)
3. Florida Jurisdictional (Part III)

FEES

Testing fees for the Fundamentals of Land Surveying and the Principles and Practice exams will be paid directly to National Council of Examiners for Engineering and Surveying (NCEES).

Fees for the Florida Jurisdictional exam will be paid directly to FDACS. The initial exam fee is included in the registration application fee; all re-examination applications must submit a re-examination fee of \$120.

EXAMINATION

NCEES Exam Administration Services is responsible for the administration of the Fundamentals of Land Surveying and the Principles and Practice exams. You must register with NCEES to reserve your seat and pay the associated examination costs. Registration can be completed online at www.ncees.org.

FDACS is responsible for the administration of the Florida Jurisdictional exam.

APPLICATION REQUIREMENTS

- Submit this completed application to the Florida Department of Agriculture and Consumer Services (FDACS).
- Submit fee of \$120 if applying for reexamination of the Florida Jurisdictional exam.

Please send your completed application and documentation to:

FDACS
Division of Consumer Services
Surveyors and Mappers
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



NICOLE "NIKKI" FRIED
COMMISSIONER

**BOARD OF PROFESSIONAL SURVEYORS
AND MAPPERS APPLICATION FOR
REEXAMINATION**

Chapter 472, Florida Statutes
Rule 5J-17.037, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800
www.FDACS.gov • (850) 410-3804 Fax

Please send completed application to:

FDACS
Division of Consumer Services
Surveyors and Mappers
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

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

APPLICANT INFORMATION

Name: _____ Suffix: _____ * Social Security Number: _____

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

City: _____ State: _____ Zip Code: _____

BACKGROUND INFORMATION

- Yes No Has any of your information changed since the submission of your previous application?
If yes, please explain on attached sheet.
- Yes No Have you ever been declared legally incompetent?
If yes, please explain on attached sheet including full details as to court, date, circumstances,
and medical practitioners consulted.
- Yes No Have you ever been refused a surveying license – or the renewal thereof – in any state?
- Yes No Have you ever been denied the right to take a surveying examination in any state?
If yes, please explain on attached sheet including full details of the denial.

* 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.

F&A Use Only

Org Code: 42 10 08 01 000
EO: A2
Object Code: 001253 \$120

SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

Yes** No

*** If yes, please contact the Florida Department of Agriculture and Consumer Services immediately at 1-800-HELP-FLA (435-7352) or (850) 410-3800.*

AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, 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 the organization, individuals and groups listed above, any information which is the material to my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and 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. I understand that any information contained in my previous application is still valid unless I have indicated otherwise in this application.

Applicant Signature: _____ Date: _____