

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



WILTON SIMPSON
COMMISSIONER

**BOARD OF PROFESSIONAL SURVEYORS
AND MAPPERS RENEWAL APPLICATION**

Chapter 472, Florida Statutes
Rule 5J-17.039, Florida Administrative Code

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

Submit and Pay Online at:

www.FDACS.gov

- or -

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

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

APPLICATION INFORMATION

License Number: _____ Document Tracking Number: _____ Application Date: _____

APPLICANT INFORMATION

Name: _____ Suffix: _____ Date of Birth: _____ / _____ / _____

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. If not:

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

F&A Use Only

Org Code: 42 10 08 01 000
EO: A2
Object Code: 002231 \$
42100802000 / 001256 \$5

CONTINUING EDUCATION: 472.018, F.S and Rule 5J-17.041, F.A.C., requires active licensees to obtain at least twenty-four (24) continuing education credits per biennium. Licensees without the required credits will not be permitted to renew until the appropriate number of credits are submitted. Applicants in delinquent status require twenty-four (24) continuing education credits for the previous biennium when renewal was not completed and the current biennium for a total of forty-eight (48) CEs. Applicants in inactive status require one (1) continuing education credit in surveying and mapping related courses or seminars per inactive month up to a maximum of forty-eight (48).

BACKGROUND INFORMATION

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

a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not 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 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.

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, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending?

Yes No

c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

Yes No

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:

Description:

LICENSING OPTIONS

Current Licensing Status:

- Active Inactive Delinquent

New Licensing Status:

- Active Inactive

AUTHORIZATION

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 suspension or revocation of my license to practice in the state of Florida.

Applicant Signature: _____

Signature Date: _____