

FORM 1

STATE OF MARYLAND
DEPARTMENT OF LABOR, LICENSING AND REGULATION
STATE BOARD FOR PROFESSIONAL LAND SURVEYORS
500 N. CALVERT STREET, ROOM 308, BALTIMORE, MD. 21202-3651
Tel: 410-230-6256 Fax: 410-962-8483
Email: dlopllandsurveyors-dllr@maryland.gov

APPLICATION FOR LICENSURE BY EXAMINATION

FEE : NO FEE IS REQUIRED TO APPLY
PROFESSIONAL LAND SURVEYOR

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

1. PERSONAL DATA

Name: Last First Middle
Last Name on Transcript, if different

Address: Street, Apt No/Suite No City State Zip code
(non-US Country)
Telephone: Day Cell Phone
E-Mail

Social Security Number (SSN) (Required By State Law)
If you do not have a SSN, contact the Board's office.

Date of Birth Place of Birth

Are you currently licensed as a Professional Land Surveyor? [] YES [] NO
State License . No. Expiration Date

Have you passed Fundamentals of Surveying Examination? [] YES [] NO
If yes, when? Date

Do you hold a current license as a professional engineer? [] YES [] NO
If YES, State License No. Expiration Date

2. CONDUCT QUESTIONS

a. Have you ever been convicted of a felony or misdemeanor in any State or federal court?
[] YES [] NO
If you answered YES, submit a written explanation to the Board, along with a true test copy of the court documents.

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.

3. EDUCATION

Name of College University _____ Graduation Date _____
Degree _____

Name of College/University _____ Graduation Date _____
Degree _____

NOTE: An official academic transcript must be sent to the Board's office directly from the college registrar. Transcripts marked "issued to student" will not be accepted. Electronic transcripts will be accepted if sent by secure service.

Foreign Degree applicants: For each unapproved institution not located in the U.S., you must provide an official course by course evaluation sent directly from the evaluation company to the Board's office. See www.ncees.org or www.naces.org for a list of evaluation companies. The Board will only accept evaluations from companies that obtain transcripts directly from the institution.

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 Company or Employer	Name of endorser	Dates of Employment	Total Time Yrs/Months
1. _____	_____	_____	____/____
2. _____	_____	_____	____/____
3. _____	_____	_____	____/____
4. _____	_____	_____	____/____
5. _____	_____	_____	____/____
6. _____	_____	_____	____/____

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, Licensing and Regulation 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, Licensing and Regulation 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, Licensing and Regulation 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 not routinely shared with state, federal or local government agencies.

Form 2
STATE OF MARYLAND
DEPARTMENT OF LABOR, LICENSING AND REGULATION
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 information on page 2 of Form 1.

SECTION 1: TO BE COMPLETED BY APPLICANT.

Name: _____
Last First Middle
Telephone (home) _____ Cell Phone _____ Work Phone _____
Last four of Social Security Number _____

Experience described on page 2 of this RPE form was obtained while employed by:

Firm or Organization Name: _____

Endorser's Name: _____

TIME PERIOD: Beginning _____ Ending _____ Full Time Part time Hrs/week _____

I hereby certify that the work experience described on the reverse side of this RPE Form and the time claimed for that experience are true and accurate.

APPLICANT'S SIGNATURE

DATE

SECTION 2: TO BE COMPLETED BY ENDORSER

1. Read carefully the Applicant's Report of Professional Experience on page 2 of this RPE Form and any continuation sheets.
2. Provide the requested information below and answer questions 1-3. Please type or print clearly.
3. SIGN THE ENDORSER'S AFFIDAVIT IN SECTION 4 AND AT THE BOTTOM OF EACH RPE CONTINUATION SHEET (Form 2a), IF ANY. If you disagree with any information provided by the applicant, please do not 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.

Endorser's Name: _____

Address: _____
Street City State Zip code

Daytime Phone: _____ E-Mail: _____

Licensed Prof. Land Surveyor in (State): _____ State License No. _____

Licensed Property Line Surveyor in _____ State License No. _____

WITH RESPECT TO THE APPLICANT'S REPORT OF PROFESSIONAL EXPERIENCE AS DESCRIBED IN SEC. 3

1. Does the description accurately reflect the work personally performed by the applicant? YES NO
2. Does the time claimed by the applicant for this experience reasonably reflect the actual time? YES NO
3. IDENTIFY YOUR PROFESSIONAL WORK RELATIONSHIP WITH THE APPLICANT AT THE TIME.

IF NONE, EXPLAIN: _____

DO NOT RETURN ORIGINAL TO THE APPLICANT. SEND THIS FORM TO:
BOARD FOR PROFESSIONAL LAND SURVEYORS
500 N. CALVERT ST, ROOM 308,
BALTIMORE, MD 21202

SECTION 3: TO BE COMPLETED BY APPLICANT.

A. Briefly describe your general land surveying duties during your employment with the firm named in Section 1.

Five horizontal rectangular boxes for describing general land surveying duties.

- 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 each.
2. Were you supervised by a Licensed Surveyor? [] YES [] NO
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"

Table with 2 columns: 'Types of surveying work' and 'Years/Months'. It contains four rows of empty boxes for data entry.

C. Briefly describe 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.

Five horizontal rectangular boxes for describing personal level of responsibility or authority.

SECTION 4: ENDORSER'S AFFDAVIT (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 _____

Endorsers' License Number _____ Date _____

Form 2A
RPE Continuation Sheet

RPE No:
Sheet number
____ of ____
Attach to Form 2

Name _____

Signature _____ Last four of Social Security _____

Continuation of Section 3B (Form 2). To be completed by applicant

	Years	Months
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Total this sheet
Total this endorser

FINAL 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

Endorser's License No. _____ State _____

SEAL

(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 No

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

Applicant's signature _____ Date: _____

STATE OF MARYLAND
 DEPARTMENT OF LABOR, LICENSING AND REGULATION
 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 surveyors 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.	Personal reference
5.	Personal reference

Applicant’s signature _____ Date _____

FORM 4

REQUEST FOR VERIFICATION OF LICENSURE/EXAMINATION

TO: Maryland State Board for Professional Land Surveyors
 500 N. Calvert Street, Room 308, Baltimore, Maryland 21202-3651
 (410) 230-6256 • FAX: (410) 962-8483 • email: surveyor@dllr.state.md.us

SECTION 1. APPLICANT MUST COMPLETE THIS SECTION

BOARD OF LICENSURE/EXAMINATION	PERSONAL DATA (Completed by Licensee)
FROM: (Name and Address of State Board) _____ _____ _____ _____	Name: _____ Address: _____ _____ Social Security No. xxx-xx- _____

SECTION II. STATE VERIFICATION INFORMATION (Completed by State Board Providing Verification)			
THE ABOVE NAMED PERSON LICENSED:	LICENSE NUMBER	DATE ISSUED	VALID UNTIL
<input type="checkbox"/> PROFESSIONAL LAND SURVEYOR			
<input type="checkbox"/> LAND SURVEYOR-IN-TRAINING (passed FS)			

SECTION III. BASIS OF LICENSURE					
1. <input type="checkbox"/> WRITTEN EXAMINATION					
NAME OF EXAM	HOURS	GRADE (PASS/FAIL)	EXAM DATE	NCEES EXAM? (YES OR NO)	
Fundamentals of Surveying					
Principles of Surveying					
2. <input type="checkbox"/> BY RECIPROCITY FS (LSIT) ACCEPTED FROM: _____ (State) P&P (PS) ACCEPTED FROM: _____ (State)					
3. <input type="checkbox"/> OTHER _____					

SECTION IV. DISCIPLINARY QUESTIONS	
1. Has any disciplinary action ever been taken against the applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. If so, has this disciplinary case been satisfied to the Board's requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, please note on back	

BY: _____ Date: _____

TITLE: _____

BOARD SEAL

