



FORM 1

DO NOT WRITE IN THIS SPACE
OFFICE RECORD
DATE RECEIVED
APPLICATION NO.
CLK'S INITIALS

STATE OF MARYLAND
DEPARTMENT OF LABOR
STATE BOARD FOR PROFESSIONAL LAND SURVEYORS
100 S. Charles Street, Tower 1 Baltimore, MD 21201
Tel: 410-230-6256

Email Application To: dloplandsurveyors-labor@maryland.gov

APPLICATION FOR LICENSURE BY EXAMINATION

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., Suite No.)

(City) (State) (ZIP)

(non-US Country)

Telephone: Day Evening 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 Lic. No. Date:

Have you passed Fundamentals of Surveying Examination? YES NO If yes, what date? Date:

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

SEE ITEM III. ON INSTRUCTIONS PAGE FOR MORE INFORMATION.

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 copies 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 or University	Degree	Graduation Date
Name of College or University	Degree	Graduation Date
<p>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.</p> <p>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 <a href="http://www.ncees.org">www.ncees.org</a> or <a href="http://www.naces.org">www.naces.org</a> for a list of evaluation companies. The Board will only accept evaluations from companies that obtain transcripts directly from the institution.</p>		

**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 FORM No.	Company or Employer Name (Enter earliest engagement first)	Name of Endorser (If any)	Dates of Employment Mo/Yr to Mo/Yr	Total Time Yrs/Mos
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
TOTAL Experience Claimed:			_____ Years	_____ Months

**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 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 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 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.

**STATE OF MARYLAND  
DEPARTMENT OF LABOR  
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: \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ MIDDLE  
LAST FIRST  
xxx- xx -  
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/ per wk

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

Daytime Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Licensed Prof. Land Surveyor in \_\_\_\_\_ 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  
1100 N. EUTAW ST, ROOM 121,  
BALTIMORE, MD 21201**



RPE No: \_\_\_\_\_

SHEET NUMBER  
\_\_\_\_ OF \_\_\_\_  
ATTACH TO FORM 2

**FORM 2A**

STATE OF MARYLAND  
DEPARTMENT OF LABOR

**STATE BOARD FOR PROFESSIONAL LAND SURVEYORS**

**RPE CONTINUATION SHEET**

Name

\_\_\_\_\_ LAST FIRST MIDDLE

Signature \_\_\_\_\_ xxx - xx - \_\_\_\_\_  
SOCIAL SECURITY LAST-4

**CONTINUATION OF SECTION 3 B (FORM 2):  
TO BE COMPLETED BY APPLICANT.**

TIME

YRS Months

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

SEAL

\_\_\_\_\_  
Endorser's License No. State:

**FORM 3**

**STATE OF MARYLAND  
DEPARTMENT OF LABOR  
STATE BOARD FOR PROFESSIONAL LAND SURVEYORS**

**PERSONAL EVALUATION  
OF PROFESSIONAL EXPERIENCE**

Submit FORM 3 only if you are required to submit FORM 2, REPORT OF PROFESSIONAL EXPERIENCE. Submit directly to the Maryland Board, together with FORM 1, APPLICATION FOR PROFESSIONAL LAND SURVEYOR EXAMINATION. Do not send this form to your endorsers. This form must be typed.

**APPLICANT INSTRUCTIONS** - The Maryland law pertaining to land surveying requires that experience found satisfactory to the Board must demonstrate certain general characteristics. After you have completed writing your Report of Professional Experience Form(s), complete this FORM 3 by answering each question, (a) through (f).

**SECTION I.**

**NAME:** \_\_\_\_\_  
                    **LAST**  **FIRST**  **MIDDLE**

**Social Security Number:** XXX-XX-\_\_\_\_\_

**SECTION II.**

Explain how you believe the experience you have described in your Reports of Professional Experience Form(s) demonstrates the characteristics described in each question, (a) through (e).

(a) Responsible charge of work related to property conveyance and for boundary line determination.  
(As a general rule, 50% of your experience should satisfy this criterion.)

(b) Experience in field aspects of the profession:

(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: \_\_\_\_\_

**FORM 4**  
 STATE OF MARYLAND  
 DEPARTMENT OF LABOR  
 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 surveyor's 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.	
5.	

Applicant Signature / Date: \_\_\_\_\_



**FORM 5**

**REQUEST FOR VERIFICATION OF LICENSURE/EXAMINATION**

TO: Maryland State Board for Professional Land Surveyors  
 1100 N. Eutaw Street, Room 121, Baltimore, Maryland 21201  
 (410) 230-6256 • FAX: (410) 962-8483 • email: surveyor@dlr.state.md.us

**SECTION 1. APPLICANT MUST COMPLETE THIS SECTION**

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

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"/> PROFESSIONAL ENGINEER			

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/Engineering				
Principles of Surveying/Engineering				
2. <input type="checkbox"/> BY RECIPROCITY      FE/FS (EIT/LSIT) ACCEPTED FROM: _____ (State) PE/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? on back	<input type="checkbox"/> YES <input type="checkbox"/> NO If not, please note

BY: \_\_\_\_\_ Date: \_\_\_\_\_

TITLE: \_\_\_\_\_

BOARD SEAL