



TEXAS BOARD OF PROFESSIONAL LAND SURVEYING

12100 Park 35 Circle, Building A, Suite 156 MC-230
Austin TX 78753
www.txls.state.tx.us
Phone: (512) 239-5263 Fax: (512) 239-5253

Office Use Only
Transaction # (SIT)
Entity #
Receipt #

UPDATE APPLICATION

Instructions for Filing Application

- Read all Rules and Regulations to the Board and other information offered before completing the application.
- All information requested on this form must be clearly typewritten or lettered in black ink. All questions must be answered. Failure to complete any portion of the application form will result in the application being returned to the applicant.
- The application should be prepared in duplicate. The original must be returned to the office of the Board, and the applicant should retain the duplicate.
- An examination fee of one hundred fifty dollars (**\$150.00**) must accompany the application, which is non refundable.
- Payment must be by money order, cashier's check or certified check, made payable to the "Texas Board of Professional Land Surveying". No personal checks will be accepted.

1. General Information

- Name in Full _____ Date _____
- Social Security No. _____ Driver's License No. _____
- Residence Address: Street _____
City _____ County _____ State _____ Zip _____
Email Address _____
- Business Firm Name _____
Firm Number _____
Street or P. O. Box _____
City _____ State _____ Zip _____
Email Address _____
- Telephone Numbers (Include area code)
Residence () _____ Business () _____
- Present Position _____
- Membership in Societies, Associations _____

2. Registration Other Than Under This Act

(Complete only if Information Supplied on the Original Application has changed.)

Are you Registered as a Surveyor in Other States? Yes No If yes, complete the information below:

State ___ By exam ___ Hours of Exam ___ Registration No _____ Date Registered _____ Expiration _____

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Are you Registered/Licensed in any other profession? _____. If yes, complete the information below:

Profession _____ State ___ Registration No _____ Date Registered _____ Expiration _____

Has any Registration/License been revoked or received disciplinary action? _____

If yes, you must explain the complete situation on a separate sheet of paper and attach it to this application.

3. Education Since Date of Last Application

Name and Location of Institution	Years		Date Graduated	Technical Course	Degree Received
	From	To			
Surveying Education					
College/University Other Than Surveying					

4. Professional Surveying Experience Since Date of Last Application

Employment and Experience Information. (Numbered answers **must** correspond to numbered questions.)

(If time breaks occurs between surveying employment; indicate general nature of occupation)

1. Name of Employer
2. Employer's Address
3. Title(s) of your position(s) and date(s) each title obtained
4. Name and present address of Registered Professional Land Surveyor
5. Character of work performed

Date		Numbered Answers must correspond to Questions above Any Additional information should be made by attachments	Time (Years and Months)		
From Month/Day /Year	To Month/Day /Year		Total	Sub- Professional	Professional
		1. _____ 2. _____ 3. _____ 4. _____ 5. _____			

Date		Numbered Answers must correspond to Questions above Any Additional information should be made by attachments	Time (Years and Months)		
From Month/Day /Year	To Month/Day /Year		Total	Sub- Professional	Professional
		1. _____ 2. _____ 3. _____ 4. _____ 5. _____			

6. Certification

I hereby certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge, information and belief.

Signature**Date**

Printed Name