

**TEXAS BOARD OF PROFESSIONAL LAND SURVEYING**  
**Licensed State Land Surveyor Application**

Building A, Suite 156 MC-230  
 12100 Park 35 Circle, Austin Texas 78753  
 (512) 239 5263

Original Application No. ( Fee: \$128.69) \_\_\_\_\_

Update Application (Fee: \$150)

(To be assigned in Board Office)

APPLICATION TO TAKE EXAMINATION FOR LICENSE  
 AS A LICENSED STATE LAND SURVEYOR

INSTRUCTIONS FOR FILING APPLICATIONS

- A. Read all Rules and Regulations of the Board and other enclosures before completing application.
- B. All information requested on this form must be clearly typewritten or lettered in black ink. All questions must be answered; otherwise, application will be returned to the applicant.
- C. Applications should be prepared in duplicate, the original copy sent to the office of the Board and the duplicate retained by the applicant.
- D. Application must be accompanied by a fee of One Hundred Twenty-Eight Dollars and Sixty-Nine Cents (\$128.69), for an original application and (\$150.00) for a update application which is not returnable.
- E. 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**

- 1. Name in Full \_\_\_\_\_
- 2. Social Security Number \_\_\_\_\_
- 3. Address: (Indicate preferred mailing address with an "X" in the appropriate box)  
 Residence: Street \_\_\_\_\_  
 ( ) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  

Insert

 Business Firm Name \_\_\_\_\_  
 ( ) Street or P.O Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 4. Telephone Numbers (Include Area Code)  
 Residence \_\_\_\_\_ Business \_\_\_\_\_
- 5. Present Position \_\_\_\_\_
- 6. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
- 7. Resident of Texas \_\_\_\_\_ When \_\_\_\_\_
- 8. Why do you feel the need to obtain a license as a Licensed State Land Surveyor? \_\_\_\_\_
- 9. Have you ever taken the written examination to become a Licensed State Land Surveyor? \_\_\_\_\_ If so, when? \_\_\_\_\_

unmounted, recognizable recent photograph in this space.  
 Affix your signature and date picture was taken at bottom of photograph.

**2. OTHER REGISTRATIONS**

Registration Number as a Registered Professional Land Surveyor in Texas \_\_\_\_\_

Registration Date \_\_\_\_\_ License Current To \_\_\_\_\_

Has Certificate ever been revoked? \_\_\_\_\_ If so, specify? \_\_\_\_\_

**3. REFERENCES OF CHARACTER AND QUALIFICATIONS**

Applicant will give the name and addresses of not fewer than three Registered Professional Land Surveyors, preferably one of whom is also a LSLS, having personal knowledge of the Applicant's land surveying experience. Members of the Board should not be used as a references unless no other qualified references are available. Names of persons listed under Item 4, "Professional Surveying Experience", may also be used as references

Name	Address	Relationship	Business	Has Known Applicant Since

#### 4. PROFESSIONAL SURVEYING EXPERIENCE

APPLICANT SHOULD FILL OUT ALL COLUMNS

DATE		Title of Position, Name of Employer, Character of Work Performed, Responsibility, and Location of Each Engagement.	Time (Years and Months)			Name and Present Address of Supervisor or Employer (Not Deceased)
From date of registration as R.P.L.S.	To Present		(1) Total Time (Actual) Yrs., Mos.	(2) In Sub-Professional Work (Actual) Yrs. Mos.	(3) In Responsible Charge (Actual)	
TO BE FILLED IN BY APPLICANT - Summary(Actual Time)						

On a separate sheet detail your experience in dealing with the General Land Office and briefly detail your knowledge of the procedure and functions of that office.

#### 5. CERTIFICATION

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

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

#### 6. RECORD OF BOARD

(For use of Board only - Note to be completed by Applicant)

Amount of App. Fee paid \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date App. & Fee Received \_\_\_\_\_

Amount of Exam. Fee Paid \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date Exam Fee Paid \_\_\_\_\_

Application Approved \_\_\_\_\_ Application Rejected \_\_\_\_\_

Reason Rejected \_\_\_\_\_

Examination Date \_\_\_\_\_ Results \_\_\_\_\_

Amount of Filing Fee Paid \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_

Date License Issued \_\_\_\_\_ License No. (Bond) \_\_\_\_\_ Section \_\_\_\_\_