

TEXAS BOARD OF PROFESSIONAL LAND SURVEYING

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

Application No. _____
(To be assigned in Board Office)

Instructions For Filing Application

- A. Read all Board Rules and the Candidate Guideline before completing the application.
- B. 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.
- C. 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.
- D. An application fee of one hundred twenty-five dollars (\$125.00) must accompany the application, which is non refundable.
- 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 _____ Date _____
2. Social Security No. _____ Driver's License No. _____
3. Address (Indicate preferred mailing address with an "x" in the appropriate box)
Residence Street _____
 City _____ State _____ Zip _____
Business Firm Name _____
 Street or P. O. Box _____
City _____ State _____ Zip _____
4. Telephone Numbers (Include area code)
Residence (____) _____ Business(____) _____
5. Date of Birth _____ Place of Birth _____
6. Resident of Texas Yes No If No, where? _____
Are you a US Citizen Yes No If No, give INS Status _____ Card No. _____
7. Have you ever applied for Registration as a Professional Land Surveyor or a Surveyor In Training, and if so when and with what result _____
8. SubSection of 1071, Professional Land Surveying Practices Act under which you are applying
 253 (1) 253 (2) 253 (3) 253 (4) 253 (5) 254 259

Attach unmounted, recent, passport type photograph in this space. Trim photograph to fill the space.

Use ballpoint pen to sign and date photograph.

2. Registration Other Than Under This Act

- Are you Registered as a Surveyor in Other States ___ If yes, complete the information below:
State ___ By exam ___ Hours of Exam ___ Registration No ___ Date Registered ___ Expiration ___
State ___ By exam ___ Hours of Exam ___ Registration No ___ Date Registered ___ Expiration ___
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. Professional Surveying Experience

(Applicant should be careful to rate qualifications for certification or registration under the provisions of the Professional Land Surveying Practices Act)

Sub-Professional Work includes, but is not limited to, the time spent as chain man, rod man, instrument man, statistician, recorder, draftsman, or similar work; and also the time spent on work where the personal responsibility and technical knowledge required are minimal, for example, minor positions in which the task is set and supervised by a superior (see column 2 below).

Delegated Responsible Charge of Work means the direct control of professional land surveying work performed under the supervision of a Registered Professional Land Surveyor (see column 3 below).

- (a) In the field, the applicant must have had the direction of work, the successful accomplishment of which rested upon the applicant, where decision questions involve the method of execution without relying upon advice or instructions from supervisors.
- (b) In the office, the applicant must have had to undertake tasks demanding resourcefulness, originality, initiative, professional skill and independent judgment, such as:
 - (1) Conducting record research
 - (2) Analyzing survey data and preparing metes and bounds descriptions
 - (3) Computations and drafting using only rough sketches, general information, and field measurements for reference and guidance.

SEPARATE THE AMOUNT OF TIME BY PERCENTAGE IN NON PROFESSIONAL AND PROFESSIONAL SURVEYING UNDER EACH EMPLOYMENT. The Professional Land Surveying Practice Act does not govern any aspect of engineering and no credit will be given to any time spent in Engineering and Non Professional Surveying.

APPLICANT SHOULD COMPLETE ALL COLUMNS, INFORMATION IN COLUMNS 1 THRU 3 MUST BE STATED IN YEARS PLUS MONTHS (Example: 2 yrs. 8 mns.)

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 with the most personal knowledge of your surveying experience and capabilities and of your delegated responsible charge time during this employment.
5. Character of work performed by you and extent of your responsibility **EXPERIENCE AND RESPONSIBILITY MUST BE SHOWN IN DETAIL.**
6. Percentage of delegated responsible charge time in non professional land surveying activities
7. Percentage of delegated responsible charge time in professional land surveying

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		(1) Total Time (Actual) Yrs. Mns.	(2) In Sub- Professional Work (Actual) Yrs. Mns.	(3) In Responsible Charge Work (Actual) Yrs. Mns.
		1. _____ 2. _____ 3. _____ _____ 4. _____ _____ 5. _____ _____ _____ _____ _____ 6. _____	7.		

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		(1) Total Time (Actual) Yrs. Mns.	(2) In Sub- Professional Work (Actual) Yrs. Mns.	(3) In Responsible Charge Work (Actual) Yrs. Mns.
		1. _____ 2. _____ 3. _____ _____ 4. _____ 5. _____ _____ _____ 6. _____ 7. _____			

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		1. _____ 2. _____ 3. _____ _____ 4. _____ 5. _____ _____ _____ 6. _____ 7. _____			

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		1. _____ 2. _____ 3. _____ _____ 4. _____ 5. _____ _____ _____ 6. _____ 7. _____			

4. References Of Character and Qualifications

Applicant must furnish the name and address of at least three Registered Professional Land Surveyors having personal knowledge of the applicant's land surveying experience. No member of the Board will be accepted as a reference unless the Board member is the Registered Professional Land Surveyor with the most knowledge of the applicant's experience as required by Question 4 in Section 3 of this application. The Board will require reference forms from those Registered Professional Land Surveyors listed in answer to Question 4 in Section 3 in order to verify all "delegated responsible charge" time claimed on the applicant's experience record. **DELEGATED RESPONSIBLE CHARGE TIME NOT VERIFIED BY REFERENCE WILL NOT BE ALLOWED.** In addition to the Registered Professional Land Surveyors you have listed in answer to Question 4 in Section 3, list below any Registered Professional Land Surveyors you wish to use as additional references.

Name	Address	Business Relationship To Applicant	Has	Known Applicant Since
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

5. Education

(Certified Transcripts of College Courses Must Be Filed With Application)

Name and Location of Institution	Years From - To	Date Graduated	Field of Study	Type of Degree
High School				
College or University				
Correspondence Courses and/or Seminars (Applicants applying under Section 253 (5) Must show self education in this space..				

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

Printed Name

7. Record Of Board

(For Use of Board Only – Not to be completed by Applicant)

Date App and Fee Received _____	Receipt No. _____	Prorated Reg. Fee _____
Amount of Exam Fee Paid \$ _____	Receipt No _____	Date Exam Fee Paid _____
App. Approved for SIT _____	RPLS _____	Board Member Initials _____
Reason Rejected _____		Board Member Initials _____
Examination Date _____	Results FS _____ AP _____ L _____	RECIP _____
Date Certificate Issued _____		Registration No. _____