

TEXAS BOARD OF PROFESSIONAL LAND SURVEYING UPDATE APPLICATION

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

Update Application No. _____

1. Instructions For Filing Application

- A. Read all Rules and Regulations to the Board and other information offered 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 examination fee of One Hundred Fifty Dollars (\$150.00) 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.

2. General Information

1. Name in Full _____	Date _____
2. Social Security No. _____ Driver' License No. _____	
3. Address (Indicate preferred mailing address with an "x" in the appropriate box)	
Residence Street _____	
<input type="checkbox"/> City _____ State _____ Zip _____	
Business Firm Name _____	
<input type="checkbox"/> Street or P. O. Box _____	
City _____ State _____ Zip _____	
4. Telephone Numbers (Include area code)	
Residence (_____) _____	Business(_____) _____
5. Present Position _____	
6. Membership in Societies, Associations _____	

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

Use ballpoint pen to sign and date photograph.

3. 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 ___ 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Has any Registration/License been revoked or received disciplinary action?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, give details (you may attach additional sheets) _____

4. 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					

5. 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 supervisor
5. Character of work performed

Date		Numbered Answers must correspond to Questions above Any Additional information should be made by attachments	Time (in years and months)		
>From	To		Total Time	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 (in years and months)		
>From	To		Total Time	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

Printed Name

7. Record Of Board

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

Date Exam Fee Received _____ Receipt No. _____
 Examination Date _____ Results FS _____ AP _____ L _____ RECIP _____
 Date Certificate Issued _____ Registration No. _____