



TEXAS BOARD OF PROFESSIONAL LAND SURVEYING

12100 Park 35 Circle, Building A, Suite 156 MC-230, Austin TX 78753

www.txls.texas.gov

Phone: (512) 239-5263 Fax: (512) 239-5253

Office Use Only
Trans. # (SIT)
Entity #
Receipt #

APPLICATION TO RECEIVE A SURVEYOR-IN-TRAINING CERTIFICATE

Instructions for Filing Application

- A. Applicants must have a current SIT certification. Certifications are valid for eight (8) years from time of issuance in the state of Texas. **If the applicant is certified by another state than Texas, a License Verification Form must be completed by that state Board and must accompany this 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 not being processed
- C. The application should be prepared in duplicate. The original must be submitted to the Board and you should retain the duplicate.
- D. A fee of **twenty dollars and zero cents (\$20.00)** must accompany the application, in cashier's check or money order made payable to the Board. This fee is non-refundable. **No cash or personal checks will be accepted.**
- E. A new certificate will be mailed to you upon approval of your application.

General Information

Date _____

Full Name

First _____

Middle _____

Last _____

Social Security # _____ Driver's License # _____

Address (Indicate preferred mailing address)

Residence Street _____

City _____ County _____ State _____ Zip _____

E-mail address _____

Telephone # (____) _____

Date of Birth _____ Place of Birth _____

Resident of Texas Yes No If No, where? _____

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

Use ballpoint pen to sign and date photograph.

Business Firm Name _____

Firm Number _____

Street or P. O. Box _____

City _____ State _____ Zip _____

Business Phone # (_____) _____

Your Designated RPLS in Texas

Name _____

License Number _____

What date were you certified as a SIT? _____ Expiration date _____

By which state were you certified? _____

Certification

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

Signature

Date

Printed Name