



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. # RPLS
Entity #
Receipt #

UPDATE APPLICATION FOR RPLS OR RCP EXAM

1. Instructions for Filing Application

- A. Read the Candidate Guidelines, the Act, and the Rules before submitting 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 will disqualify the application from Board review.
- C. The application should be prepared in duplicate. The original must be submitted to the Board office and you should retain the duplicate.
- D. An examination fee in the form of a cashier's check or money order, made payable to the Board (unless the applicant is a military service member- see section 3), of **one hundred fifty dollars (\$150.00)** must accompany this application. All fees are non-refundable. **No personal checks will be accepted.**

2. Update of General Information

Date _____

1. Full Name:
Last _____ First _____ Middle _____

2. Social Security # _____ Driver's License # _____

3. Residence Address: Street _____

City _____ County _____ State _____ Zip _____

E-mail Address _____

4. Business Firm Name _____

Firm Number _____

Street or P. O. Box _____

City _____ County _____ State _____ Zip _____

E-mail Address _____

5. Telephone Numbers

Residence () _____ Business () _____

6. Present Position _____

7. Membership in Societies, Associations _____

8. Please indicate which exam(s) you wish to take. RPLS RCP (Reciprocal)

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

Use ballpoint pen to sign and date photograph.

3. Military Service

Application and examination fees are waived for all military service members, military veterans, or spouses of military service members. This form must be accompanied by official documentation confirming the applicant's, or the spouse's, military status. If documentation is not submitted, the applicant will be required to pay the application and examination fees.

Please indicate below all that apply:

- Military Service Member Military Veteran Spouse of Military Service Member (RCP applicants only)

4. Registration Other Than Under This Act

Are you registered as a Surveyor in other states? _____ If yes, complete the information below:

State _____ Registration No _____ Date Registered _____ Expiration _____

Has your license been subject to disciplinary action? _____ Please submit a supplemental page explaining any action taken.

If licensed as a surveyor in another state you will be required to submit a License Verification Form from that state Board.

5. Update of Education Completed from Date of Last Application

Transcripts/Certificates supporting completion of all course work listed below must be submitted with application.

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

6. Update of Professional Surveying Experience from 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. _____			

7. 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