



**TEXAS BOARD OF PROFESSIONAL LAND SURVEYING** 12100

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**Request for Board Authorization to Retake the SIT (FS) Exam**

Please provide the following information. **Failure to complete any part of this form will result in it not being processed.** This form can be submitted via fax, mail, or email ([natalie.jackson@txls.texas.gov](mailto:natalie.jackson@txls.texas.gov)).

Date \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (     ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please list below all dates on which you have taken the SIT Exam.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is correct to the best of my knowledge and belief.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Applicant**