



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 1002
Entity #
Receipt #

Reciprocal Exam Application

Read the Candidate Guidelines, the Act, and the Rules before submitting this application. Please print legibly. All questions must be answered. Failure to complete any portion of the application, or submit any of the other subsequent requirements, will disqualify the application from Board review. Applications must be accompanied by the application fee (unless applicant is a military service member- see section 2) as a check or money order made payable to the Board in the amount of **one hundred twenty-five dollars (\$125.00)**. **All fees are non-refundable.**

1. General Information

Date _____

1. Full Name: Last _____ First _____ Middle _____

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

3. Address: Street _____
City _____ State _____ Zip _____
County _____

4. E-mail Address _____

5. Business Firm Name _____
Firm Number _____
Street or P. O. Box _____
City _____ County _____ State _____ Zip _____

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

Use ballpoint pen to sign and date photograph.

6. Telephone Numbers (Include area code): Residence (____) _____ Business (____) _____

7. Date of Birth _____ Place of Birth _____

8. Resident of Texas? Yes No If No, where? _____
Are you a US Citizen? Yes No If No, give INS Status _____ Card # _____

9. Have you ever applied for registration as a Professional Land Surveyor or certification as a Surveyor In Training in the state of Texas? If so when and with what result: _____

10. Do you intend to submit a NCEES Record? _____

2. 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

3. Registration Other Than Under This Act

You will be required to submit a License Verification Form from each state mentioned below:

State _____ Registration # _____ Date Registered _____ Expiration _____

State _____ Registration # _____ Date Registered _____ Expiration _____

State _____ Registration # _____ Date Registered _____ Expiration _____

State _____ Registration # _____ Date Registered _____ Expiration _____

Are you a licensed engineer? Yes No

State _____ Registration # _____ Date Registered _____ Expiration _____

Have any of your registrations/licenses received disciplinary action? _____

If yes, you must explain the complete situation on a separate sheet of paper and attach it to this application.

4. Professional Surveying Experience

Please list the past 10 YEARS of your professional experience. Each numbered answers must correspond to each numbered question. 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 is obtained
4. Character of work performed.

You are welcome to submit as many of the following pages as you need to list your complete work history.

From – To (Month, Year)	Experience
	1. _____ 2. _____ _____ 3. _____ _____ _____ 4. _____ _____ _____

From – To (Month, Year)	Experience
	1. _____ 2. _____ _____ 3. _____ _____ _____ 4. _____ _____ _____

From – To (Month, Year)	Experience
	1. _____ 2. _____ _____ 3. _____ _____ _____ 4. _____ _____ _____

From – To (Month, Year)	Experience
	1. _____ _____ 2. _____ _____ _____ 3. _____ _____ _____ 4. _____ _____ _____

5. Education

(Certified transcripts for collegiate experience must be submitted)

Name and Location of Institution	Years	Date Graduated	Field of Study
High School			
College or University			
Correspondence Courses and/or Seminars			

6. Application Check List

The following check list includes all required aspects of the application process. Please check off items as they are completed/collected before submitting your application to the office.

- I have read the Candidate Guidelines and familiarized myself with the Act and Rules.
- All sections of my application are complete and my signature is included on the last page.
- My “passport-type” photo is signed and attached to the front page of my application.
- Three Reference Waiver Forms are being completed and submitted by professionals that can attest to my experience.
- My Character, Reputation, and Fitness Form has been completed and submitted.
- I have submitted two sample surveys (one rural- metes and bounds- and one urban- lot and block) that I have constructed using the minimum standards set by the Texas Board, including a list of all research documents I used to construct each sample, both electronically (via CD, flash drive, or email- natalie.jackson@txls.texas.gov) and in hard copy format.
- I have submitted my official transcripts that support the completion of my four year degree or have been licensed by another state prior to January 2003.
- I have submitted documentation regarding my military status with this application.
- I have submitted License Verification Forms for each state where I hold a license.
- A cashier’s check, or money order, for the amount of \$128.69 is included with this application (when applicable).

PLEASE NOTE THE FOLLOWING:

Submitting this application will authorize the Board to check your criminal background through the Department of Public Safety.

All application materials must be submitted by the deadline of January 15, for the April exam, and July 15, for the October exam. Only complete applications will be considered for approval by the Board. The Board reviews applications twice a year though you are welcome to send in your application, or any of the required materials, to the office at any time.

You will be required to pay a separate examination fee of \$150.00 if your application is approved and you choose to take the exam (unless applicant is a military service member- see section 2).

7. 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

Date

Printed Name