



TEXAS BOARD OF PROFESSIONAL LAND SURVEYING

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

www.tpls.texas.gov

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

Office Use Only
Trans. # LSLS 1004
Entity #
Receipt #

Licensed State Land Surveyor Exam: Update Application

This application is to be submitted only after your initial application has been approved by the Board. Please print neatly. Answer all questions pertaining to information that has changed since the submission of the original application.

A check or money order made payable to TBPLS, in the amount of one-hundred and fifty dollars (\$150.00), must accompany this application (military service members are exempt- see section 3) **and is non-refundable.** However, this fee can be postponed **one time** if the applicant notifies the Board that they need to move exams at least 10 days prior to the exam they have applied for.

1. General Information

Full Name: First _____ Middle _____ Last _____

Mailing Address: _____

City _____ County _____ State _____ ZIP _____

Phone _____ E-mail Address _____

Firm Name: _____ Firm Number _____

Address: _____

City _____ County _____ State _____ ZIP _____

Present Position _____

2. Other Registrations

Registration Number as a Registered Professional Land Surveyor in Texas _____

Registration Date _____ License Current To _____

Has your license ever been revoked? _____ If so, specify?

3. Military Service

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

Please indicate all that apply: Military Service Member Military Veteran

4. Professional Surveying Experience

Please complete the following:

DATE		Title of Position; Name of Employer; Character of Work Performed; Responsibility; Location of Each Engagement	Time (Years and Months)			Name and Present Address of Supervisor or Employer (Not Deceased)
From date of Registration as R.P.L.S.	To Present		(1) Total Time (Actual) Yrs. Mos.	(2) From date of Registration as R.P.L.S.	(3) To Present	
TO BE COMPLETED BY APPLICANT – Summary (Actual Time)						

5. Certification

I hereby certify, under penalty of law, that the information contained herein is true.

Signature

Printed Name

Date