

**FORM 1**

DO NOT WRITE IN THIS SPACE
OFFICE RECORD
DATE RECEIVED _____
APPLICATION NO. _____
CLK'S INITIALS _____

STATE OF MARYLAND
DEPARTMENT OF LABOR

STATE BOARD FOR PROFESSIONAL LAND SURVEYORS

100 S. Charles Street, Tower 1 Baltimore, MD 21201

Tel: 410-230-6010

Email Application To: dlopplandsurveyors-labor@maryland.gov

APPLICATION FOR LICENSURE BY EXAMINATION

PROFESSIONAL LAND SURVEYOR

Application is filed under the subsection checked: (see instructions)

15-305(b) 15-305(c) 15-305(d) 15-305(e)

1. PERSONAL DATA

Name:

LAST FIRST MIDDLE

Last Name on Transcript, if different _____

Address: _____
(Street) (Apt., Suite No.)

(City) _____ (State) _____ (ZIP) _____

(non-US Country) _____

Telephone: Day _____ Cell/Mobile _____ Email _____

Social Security Number (SSN) _____
(Required By State Law)

If you do not have a SSN, contact the Board's office.

Date of Birth _____ Place of Birth _____

Are you currently licensed as a Professional

Land Surveyor? YES NO

State

Date:

Lic. No.

Have you passed Fundamentals of Surveyin
Exam? YES NO

If yes, what date?

Date:

Do you hold a current license as a professional engineer? YES NO

If YES, State _____ License No. _____ Expiration Date: _____

2. CONDUCT QUESTIONS

a. Have you ever been convicted of a felony or misdemeanor in any State or federal court?

YES NO *If you answered YES, submit a written explanation to the Board, along with a true test copies of the court documents.*

b. Have you ever had this type of application denied by Maryland or any other jurisdiction?

YES NO *If you answered YES, submit a written explanation to the Board.*

3. EDUCATION.

Name of College or University	Degree	Graduation Date
Name of College or University	Degree	Graduation Date

NOTE: An official academic transcript must be sent to the Board's office directly from the college registrar. Transcripts marked "issued to student" will not be accepted. Electronic transcripts will be accepted if sent by secure service.

Foreign Degree applicants: For each unapproved institution not located in the U.S., you must provide an official course by course evaluation sent directly from the evaluation company to the Board's office. See www.ncees.org or www.naces.org for a list of evaluation companies. The Board will only accept evaluations from companies that obtain transcripts directly from the institution.

Course descriptions must be submitted for Minor in Engineering classes

4. EXPERIENCE.

Begin with most recent employment, and identify person(s) from whom you will seek endorsement. In general, your endorser should be a current or former immediate supervisor of the work you performed. If you are unable to obtain a supervisor's endorsement, select another work colleague that is sufficiently knowledgeable to attest to the accuracy of your experience description. If part of your experience results from self-employment (e.g. as a licensee in another state), endorsement can be from a responsible subordinate or from a client for whom you provided professional services. The **RPE Form No.** below must correspond to the numbers on the top right corner of the specific RPE form.

RPE FORM No.	Company or Employer Name (Enter earliest engagement first)	Name of Endorser (If any)	Dates of Employment Mo/Yr to Mo/Yr	Total Time Yrs/Mos
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
TOTAL Experience Claimed: _____			Years _____	Months _____

5. CERTIFICATION

"I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I further authorize the release of any information contained within this agreement to an authorized representative of the Department of Labor for further investigation. I certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided for payment in a manner satisfactory to the unit responsible for collection."

Signature of Applicant _____ DATE _____

In accordance with Executive Order 01.01.1983-18, the Department of Labor is required to advise you as follows regarding the collecting of personal information: Personal Information requested by the licensing agency of the Department is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the agency to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect his/her personal record and to amend or correct the personal data if necessary. Personal information is generally available for inspection by the public only in accordance with the Public Information Act. Personal information is not routinely shared with state, federal or local government agencies.

**STATE OF MARYLAND
DEPARTMENT OF LABOR
STATE BOARD FOR PROFESSIONAL LAND SURVEYORS
REPORT OF PROFESSIONAL EXPERIENCE (RPE)**

RPE No: _____

SHEET NUMBER

____ OF _____

INSTRUCTIONS TO APPLICANT: Forward this original **RPE Form** to your endorser. If your endorser is not a licensed Professional Land Surveyor, select another person with whom you worked who is sufficiently knowledgeable about your work to attest to the accuracy of your experience described.

Be sure the RPE No. in the top right corner of this form corresponds with the RPE number on **page 2 - Form 1**.

SECTION 1: TO BE COMPLETED BY APPLICANT.

Name: _____ LAST _____ FIRST _____ MIDDLE _____
 Telephone (home) _____ (work) _____ xxx- xx - _____
 Last four of Social Security Number

Experience described on this **RPE form** was obtained while employed by:

Firm or Organization Name: _____

Endorser's Name: _____

Time period: Beginning _____ Ending _____ Full Time Part Time, _____ hrs/ per wk

I hereby certify that the work experience described on the reverse side of this **RPE Form** and the time claimed for that experience are true and accurate.

APPLICANT'S SIGNATURE**DATE****SECTION 2: TO BE COMPLETED BY ENDORSER**

1. Read carefully the applicant's Report of Professional Experience on page 2 of this form and any continuation sheets.
2. Provide the requested information below and answer questions 1-3. Please type or print clearly.
3. **Sign the Endorser's Affidavit in Section 4 and the Bottom of Each RPE Continuation sheet (Form 2a, if applicable).**
 If you disagree with any information provided by the applicant, Do Not endorse the applicant's experience.
 Provide a letter describing why you disagree with the type or length of work experience claimed by the applicant.

Endorser's Name: _____

Address: _____

STREET _____ CITY _____ STATE _____ ZIP _____

Daytime Phone: _____ Email: _____

Licensed Prof. Land Surveyor in _____ State _____ License No. _____

Licensed Property Line Surveyor in _____ State _____ License No. _____

THE APPLICANT'S REPORT OF PROFESSIONAL EXPERIENCE AS DESCRIBED IN SECTION. 3

1. Does the description accurately reflect the work personally performed by the applicant? YES NO
2. Does the time claimed by the applicant for this experience reasonably reflect the actual time? YES NO
3. **Describe your professional work relationship with the applicant, If None explain:**

DO NOT RETURN ORIGINAL TO THE APPLICANT.

Please submit to: dlopplandsurveyors-labor@maryland.gov

SECTION 3: TO BE COMPLETED BY APPLICANT

A. Briefly describe your general land surveying duties during your employment with the firm named in **Section 1**.

B.

1. Describe, in separate paragraphs, the specific categories of surveying work you performed while employed by the firm named in Section 1. Use specific assignments as examples.

2. Were you supervised by a Licensed Surveyor? YES NO

Use additional RPE Continuation Sheets (**Form 2a**). If you need additional space on this form to report the experience to be verified by a single endorser, **Applicant and Endorsers Must Sign Every Sheet**. Indicate the number of extra RPE Continuation Sheet (Form 2a) for this endorser.

Types of Surveying Work

	Total Experience in Years and Months		
	Indicate the number of RPE Continuation Sheets (Form 2A) for this endorser. If zero, enter "0".		

C. Describe briefly your personal level of responsibility or authority for the work described above. Explain any changes in your work title due to promotions or other change in duties during this period of employment.

SECTION 4: ENDORSER'S AFFIDAVIT (Also complete Section 2 on Page 1)

I have read the Applicant's Report of Professional Experience, I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and surveying ability and that the work experience described by the applicant and the time claimed therefore are generally true and accurate.

Endorser's Signature

Date

SEAL

Endorser's License No. _____

State _____

RPE No: _____

SHEET NUMBER _____
____ OF ____
ATTACH TO FORM 2

FORM 2A

STATE OF MARYLAND
DEPARTMENT OF LABOR

STATE BOARD FOR PROFESSIONAL LAND SURVEYORS
RPE CONTINUATION SHEET

Name		
LAST	FIRST	MIDDLE
Signature	XXX	- XX -
SOCIAL SECURITY LAST-4		
CONTINUATION OF SECTION 3 B (FORM 2): TO BE COMPLETED BY APPLICANT.		
Total Experience in Years and Months		
Total this endorser		
* <input type="checkbox"/> FINAL SHEET		

SECTION 6: ENDORSER'S AFFIDAVIT:

I have read the Applicant's Report of Professional Experience, I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and surveying ability and that, the work experience described by the applicant and the time claimed therefore are generally true and accurate.

Endorser's Signature

Date _____

SEAL

Endorser's License No. _____ State: _____

FORM 3

STATE OF MARYLAND
DEPARTMENT OF LABOR
STATE BOARD FOR PROFESSIONAL LAND SURVEYORS

PERSONAL EVALUATION OF PROFESSIONAL EXPERIENCE

Submit **FORM 3** only if you are required to submit FORM 2, Report of Professional Experience (RPE). Submit directly to the Maryland State Board, together with FORM 1, APPLICATION FOR PROFESSIONAL LAND SURVEYOR EXAMINATION. **Do not send this form to your endorsers.** This form must be typed.

APPLICANT INSTRUCTIONS - The Maryland law pertaining to land surveying requires that experience found satisfactory to the Board must demonstrate certain general characteristics. After you have completed your Report of Professional Experience Form(s), complete this FORM 3 by answering each question, (a) through (f).

SECTION I.

NAME: _____

Social Security Number: XXX-XX-_____

SECTION II.

Explain how the experience you have described in your Reports of Professional Experience Form(s) demonstrates the characteristics described in each question, (a) through (e).

(A) Responsible charge of work related to property conveyance and for boundary line determination.(As a general rule, 50% of your experience should satisfy this criteria.)

(B) Experience in field aspects of the profession:

(C) Experience in office aspects of the profession:

(D) Experience in ethical aspects of the profession:

(E) To what extent has your experience been obtained under the direct supervision of a licensed surveyor:

(F) Was any part of the experience you reported acquired while working outside of the United States?

Yes _____ No _____

If yes, does the experience you have submitted include at least two years of experience acquired while working on surveying projects requiring knowledge and use of surveying standards and practices utilized in the United States?

Yes _____ No _____

Explain specific examples of your work to demonstrate your knowledge and familiarity of U.S. codes and practices:

Applicant's Signature:

Date:

FORM 4
STATE OF MARYLAND
DEPARTMENT OF LABOR
STATE BOARD FOR PROFESSIONAL LAND SURVEYORS

REFERENCE INFORMATION FORM

Complete the information below and return with your completed application.

YOUR NAME

LAST

FIRST

MIDDLE

INSTRUCTIONS: You must obtain a minimum of five (5) original letters of reference.

At least 3 references should be from professional land surveyors who have personal knowledge of the applicant's land surveying experience. Personal knowledge must have come from an evaluation of the applicant's work to the extent that the reference is sufficiently familiar with that experience to comment about it.

The letters should contain the following information; where applicable:

- The professional relationship to your work.
- The number of years the land surveyor or reference has known you.
- Whether or not the land surveyor considers you possess adequate technical knowledge.
- In the land surveyor's judgment, has your experience been of a satisfactory nature.
- Further comments and recommendations
- Name of the state or jurisdiction(s) where the land surveyor is registered; include registration number and signature.

Below, please give the name's and titles of the references that the Board is expecting to receive for the applicant. The applicant may collect all the reference letters and submit them to the Board at one time.

Reference Name	Occupation
1.	Professional Land Surveyor
2.	Professional Land Surveyor
3.	Professional Land Surveyor
4.	
5.	

Applicant Signature / Date:

FORM 5**REQUEST FOR VERIFICATION OF LICENSURE/EXAMINATION**

TO: Maryland State Board for Professional Land Surveyors
 100 S. Charles Street, Tower 1, Baltimore, Maryland 21201
 (410) 230-6010 • dlopplandsurveyors-labor@maryland.gov

SECTION 1. APPLICANT MUST COMPLETE THIS SECTION

BOARD OF LICENSURE/EXAMINATION		PERSONAL DATA (Completed by Licensee)	
FROM: (Name and Address of State Board)		Name:	
		Address:	
		Social Security No. xxx-xx-	

SECTION 2. STATE VERIFICATION INFORMATION (Completed by State Board Providing Verification)

THE ABOVE NAMED PERSON LICENSED:	LICENSE NUMBER	DATE ISSUED	VALID UNTIL
<input type="checkbox"/> PROFESSIONAL LAND SURVEYOR			
<input type="checkbox"/> PROFESSIONAL ENGINEER			

SECTION 3. BASIS OF LICENSURE

1. WRITTEN EXAMINATION

NAME OF EXAM	HOURS	GRADE (PASS/FAIL)	EXAM DATE	NCEES EXAM? (YES OR NO)
Fundamentals of Surveying/Engineering				
Principles of Surveying/Engineering				
2. <input type="checkbox"/> BY RECIPROCITY		FE/FS (EIT/LSIT) ACCEPTED FROM: _____ (State)		
		PE/PS/ ACCEPTED FROM: _____ (State)		
3. <input type="checkbox"/> OTHER _____				

SECTION 4 DISCIPLINARY QUESTIONS

1. Has any disciplinary action ever been taken against the applicant?
 2. If Yes, has this disciplinary case been satisfied to the Board's requirements? Attached resolution

YES NO
 YES NO If not, Explain

BY: _____ Date: _____

TITLE: _____

BOARD SEAL