Maryland
DEPARTMENT OF LABOR

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

FORM 1

STATE OF MARYLAND
DEPARTMENT OF LABOR
STATE BOARD FOR PROFESSIONAL LAND SURVEYORS
500 N. CALVERT STREET, ROOM 308, BALTIMORE, MD. 21202-3651
Tel: 410-230-6256 Fax: 410-962-8483
Email: dlopllandsurveyors-dllr@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)** ☐ **15-305(f)**

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 _____ Evening _____ E-Mail _____

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 Lic. No. Date:

Have you passed Fundamentals of Surveying Examination? ☐ **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: _____

SEE ITEM III. ON INSTRUCTIONS PAGE FOR MORE INFORMATION.

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.

4. EXPERIENCE.

Begin with EARLIEST employment, for each separate employment, identify each person from whom you will seek an endorsement. In general, your endorser should be the person who is/was the immediate supervisor of your work. If you are unable to obtain a supervisor's endorsement, select another person with whom you worked who is sufficiently knowledgeable about your work 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 numbers below must correspond to the numbers in the RPE boxes at the top right corner of the individual **RPE Forms**.

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.

RPE No: _____

SHEET NUMBER

_____ OF _____

Form 2

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

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 description.

Be sure the RPE number in this box at the top right corner of this form corresponds with the appropriate RPE number and information on page 2 of **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 page 2 of 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 RPE 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 AT THE BOTTOM OF EACH **RPE** CONTINUATION SHEET (**Form 2a**), IF ANY. If you disagree with any information provided by the applicant, please do not endorse the Applicant's experience and provide a letter of explanation as to why you disagree with the type of work experience or length of work experience claimed by the applicant.

Endorser's Name: _____

Address: _____
STREET CITY STATE ZIP

Daytime Phone: _____ E-Mail: _____

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

Licensed Property Line Surveyor in _____ State License No. _____

WITH RESPECT TO THE APPLICANT'S REPORT OF PROFESSIONAL EXPERIENCE AS DESCRIBED IN SEC. 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. IDENTIFY YOUR PROFESSIONAL WORK RELATIONSHIP WITH THE APPLICANT AT THE TIME.
   IF NONE, EXPLAIN:

_____

_____

DO NOT RETURN ORIGINAL TO THE APPLICANT.

SEND THIS FORM TO:
BOARD FOR PROFESSIONAL LAND SURVEYORS
500 N. CALVERT ST, ROOM 308,
BALTIMORE, MD 21202

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 personally performed while employed by the firm named on the front of this RPE. Use specific assignments as examples. Indicate separately in the TIME column at the right, the time you spent on each.
2. Were you supervised by a Licensed Surveyor? ☐ YES ☐ NO

If you need more than one endorser from a single firm, USE SEPARATE RPE FORMS FOR EACH ENDORSER. If you do not have sufficient space on this form to report the experience to be verified by a single endorser, use additional RPE Continuation Sheets (**Form 2a**). BOTH YOU AND YOUR ENDORSER MUST SIGN EVERY SHEET. Indicate the number of extra RPE CONTINUATION SHEETS (Form 2a) for this endorser. If zero enter "0"

	Types of Surveying Work	TIME YRS	TIME MOS
		1	0
		0	0
		0	0
		1	0
		0	0
		0	0
		0	0
		0	0
		0	0
		0	0
		0	0
		0	0
		0	0
		0	0
	TOTAL THIS SHEET	2	0
	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 title resulting from promotions or other job changes 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.	TIME	
	YRS	Months
	1	0
	0	0
	0	0
	1	0
	0	0
	0	0
TOTAL THIS SHEET	2	0
Total this endorser *☐ 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:_____

MDOL/PLS (DEC19)

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. Submit directly to the Maryland Board, together with FORM 1, APPLICATION FOR PROFESSIONAL LAND SURVYEOR 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 writing your Report of Professional Experience Form(s), complete this FORM 3 by answering each question, (a) through (f).

SECTION I.

NAME:_____
LAST **FIRST** **MIDDLE**

Social Security Number: XXX-XX-_____

SECTION II.

Explain how you believe 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 criterion.)

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

Applicant's Signature:_____

Date:_____

FORM 3
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 examination 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 business relationship to you.
- The number of years the land surveyor has known you.
- Whether or not the land surveyor feels you possess adequate technical knowledge.
- In the land surveyor's judgment, has your experience been of a satisfactory character.
- Further comments and recommendations
- Name of the state in which the land surveyor is registered; 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 4

REQUEST FOR VERIFICATION OF LICENSURE/EXAMINATION

TO: Maryland State Board for Professional Land Surveyors
500 N. Calvert Street, Room 308, Baltimore, Maryland 21202-3651
(410) 230-6256 • FAX: (410) 962-8483 • email: surveyor@dllr.state.md.us

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

THE ABOVE NAMED PERSON LICENSED:	LICENSE NUMBER	DATE ISSUED	VALID UNTIL
☐ PROFESSIONAL LAND SURVEYOR			
☐ PROFESSIONAL ENGINEER			

SECTION III. 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. ☐ BY RECIPROCITY FE/FS (EIT/LSIT) ACCEPTED FROM: _____ (State)

PE/PS/ ACCEPTED FROM: _____ (State)

3. ☐ OTHER_____

SECTION IV. DISCIPLINARY QUESTIONS

1. Has any disciplinary action ever been taken against the applicant? ☐ YES ☐ NO
2. If so, has this disciplinary case been satisfied to the Board's requirements? ☐ YES ☐ NO If not, please note on back

BY:_____ Date:_____

TITLE:_____ BOARD SEAL