

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

1100 N. EUTAW STREET, ROOM 121, BALTIMORE, MD 21201 Tel: 410-230-6256 Fax: 410-962-8483

Email: dlopllandsurveyors-labor@maryland.gov

APPLICATION FOR PROF	R LICENSU ESSIONAL LAN		MINATION	
Application is filed under ☐ 15-305(b) ☐ 15-305(c)		n checked: (see i)		
1. PERSONAL DATA Name:				
LAST		FIRST	MIC	DDLE
Last Name on Transcript, if different				
Address:				
(Street)			(Apt., Suite	e No.)
(City)		(State)	(ZII	P)
(non-US Country)				
Telephone: Day Eve	ening		E-Mai	l
Social Security Number (SSN) (Required By State	e Law)			
If you do not have a SSN, contact the Board's of	ffice.			
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, v	what date?	Date:
Do you hold a current license as a professional of	=	☐ YES ☐ N		
If YES, State License No.	-		Expiration [Date:
SEE ITEM III. ON INSTRUCTIONS PAGE F 2. CONDUCT QUESTIONS	OR MORE INF	ORMATION.		
a. Have you ever been convicted of a felony or		n any State or fedo a written explanati		along with a
b. Have you ever had this type of application deYESNO If you answered		written explanatio		

3. EDUCATION.

Name of College or University	Degree	Graduation Date
Name of College or University	Degree	Graduation Date
		e Board's office directly from the college registrar.
•	to student" will not be	accepted. Electronic transcripts will be accepted if sent
by secure service.		
		on not located in the U.S., you must provide an official
course by course evaluation	sent directly from the	e evaluation company to the Board's office. See
www.ncees.org or www.nac	es.org for a list of eva	luation companies. The Board will only accept evaluations

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**.

from companies that obtain transcripts directly from the institution.

RPE FORM No. 1.	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
2.				
3.				
4.			<u> </u>	
5			<u> </u>	
6.			<u> </u>	
	TOTAL Expe	rience 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 <u>not</u> routinely shared with state, federal or local government agencies.

Form 2

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 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)	LAGT	_ (work)		XXX- XX	(-
				Last four of So	ocial Security Number
Experience describe	ed on page 2 of this	RPE form was ob	tained while emplo	oyed by:	
Firm or Organization	Name:				
Endorser's Name:					
TIME PERIOD: Beg	inning	Ending	Full	Time 🗌 Part Time	e, hrs/ per wk
I hereby certify that that experience are	•	described on the	reverse side of this	s RPE Form and t	he time claimed for
APPLICAN	Γ'S SIGNATURE				DATE
SECTION 2: TO E	BE COMPLETED BY	Y ENDORSER			
Read carefully th	ne Applicant's Repor	of Professional E	experience on page	2 of this RPE Forn	n and any continuation
sheets.					•
3. SIGN THE END	ORSER'S AFFIDAV	IT IN SECTION 4	I AND AT THE BO	TTOM OF EACH F	learly. RPE CONTINUATION
SHEET (Form 2	(a), IF ANY. If you collicant's experience or length of work e	lisagree with any	information provide	ed by the applicant,	, please do <u>not</u>
work experience	or length of work e	xperience claime	by the applicant.	s to willy you disagi	ree with the type of
	_				
Endorser's Name:					
Address:					
	STREET	(CITY	STATE	ZIP
Daytime Phone:					
Licensed Prof. Land					
Licensed Property L	ine Surveyor in	State			
 Does the description Does the time of 	otion accurately refle aimed by the applic R PROFESSIONAL	ect the work perso ant for this experi	onally performed by ence reasonably re	XPERIENCE AS Do not the applicant? If the actual times	DESCRIBED IN SEC. 3 YES NO e? YES NO
DO NOT DESCRIPTION	00101111 = 0 = : : =	455110:::=			
DO NOT RETURN	ORIGINAL TO THE	•	SEND THIS FORM		
			BOARD FOR PRO		D SURVEYORS
			100 N. EUTAW S		
		E	BALTIMORE, MD	21201	

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.

Types of Surveying Work YRS MOS	B. 1. Describe, in separate paragraphs, the specific comployed by the firm named on the front of this R separately in the TIME column at the right, the time you 2. Were you supervised by a Licensed Surveyor? [If you need more than one endorser from a single firm you do not have sufficient space on this form to repadditional RPE Continuation Sheets (Form 2a). BOTH Indicate the number of extra RPE CONTINUATION SHOWS IN THE PROPERTY OF THE SHOWS IN THE SHOWS	PE. Use specific assignments as exu spent on each. YES NO , USE SEPARATE RPE FORMS FOR port the experience to be verified by a your AND YOUR ENDORSER MUST	EACH EN a single e SIGN EV ero enter	DORSER. If ndorser, use ERY SHEET.
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	Types of Surveying Work		YRS	MOS
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SEAL	I have read the Applicant's Report of Professional Exqualified to attest to, the applicant's work and surve	perience, I hereby certify that I am kno eying ability and that the work experi-	wledgeab ence desc	le about, and cribed by the
Endorser's License NoState	Endorser's Signature	Date	SEA	L
	Endorser's License NoS	State		

FORM 2A

STATE OF MARYLAND DEPARTMENT OF LABOR

RPE No:

SHEET NUMBER
OF
ATTACH TO FORM 2
ATTAOTT TO TOTAL

STATE BOARD FOR PROFESSIONAL LAND SURVEYORS RPE CONTINUATION SHEET

Name		
LAST	FIRST	MIDDLE
Signature	XXX - XX SOCIAL S	- ECURITY LAST-4
CONTINUATION OF SECTION 3 B (I		TIME
TO BE COMPLETED BY APPLICAN		YRS Months
TO BE COMIT LETED BY ALT LICAL	••	THE MONITO
	TOTAL THIS	
	Total this e	
	*□ FINAL SHEE	ET
SECTION 6: ENDORSER'S AFFIDA		l and longered advantage at a set and
	Professional Experience, I hereby certify that work and surveying ability and that, the work	
applicant and the time claimed therefore		k experience described by the
applicant and the time claimed thereic	ore are generally true and accurate.	
Endorser's Signature	Date	
3		OF AL
		SEAL
Endorser's License No.	State:	

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 demonstrates the characteristics descri		Reports of Professional Experience Form(s) ough (e).
(a) Responsible charge of work related (As a general rule, 50% of your experient		
(b) Experience in field aspects of the p	rofession:	

(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:

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.

Applicant Signature / Date:

LAST	FIRST	MIDDLE							
INSTRUCTIONS: You must obtain a mini	imum of five (5) original lett	ers of reference.							
At least 3 references should be from profe applicant's land surveying experience. Per applicant's work to the extent that the refe	rsonal knowledge must hav								
The letters should contain the following	g information; where app	licable:							
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 s	urveyor is registered; regis	tration number and signature.							
applicant. The applicant may collect all the	e reference letters and su	billit them to the Board at one time.							
Reference Na	me								
1.		Occupation							
		Occupation Professional Land Surveyor							
2.		•							
2. 3.		Professional Land Surveyor							
		Professional Land Surveyor Professional Land Surveyor							

REQUEST FOR VERIFICATION OF LICENSURE/EXAMINATION

TO: Maryland State Board for Professional Land Surveyors 1100 N. Eutaw Street, Room 121, Baltimore, Maryland 21201 (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 A	Address of State B	oard)			Nome				
					Name: Address				
					71001000	•			
					Social S	ecurity No. xx	x-xx-		
SECTION II. STATE VERIFICATION INFORMATION (Completed by State Board Providing Verification)									
THE ABOVE NAME	PERSON LICENS	SED:	LICE	NSE	NUMBER	DATE IS	SUED	VALID UNTIL	
☐ PROFESSIONAI	L LAND SURVEYO	ıR							
☐ PROFESSIONAL ENGINEER									
SECTION III BASIS	OF LICENSURE								
SECTION III. BASIS OF LICENSURE									
1. WRITTEN EXAM	MINATION								
NAME OF EXAM	HOURS	GRADE (PASS/FAIL)			AIL)	EXAM DATE		NCEES EXAM?	
E a la contrala a f			•					(YES OR NO)	
Fundamentals of Surveying/Engineering									
Principles of									
Surveying/Engineering									
a □ DV DEGIDDOGITY FE/FG (FIT/LGIT) AGGEDTED EDGM									
2. BY RECIPROCITY FE/FS (EIT/LSIT) ACCEPTED FROM: (State)									
PE/PS/ ACCEPTED FROM: (State) 3. ☐ OTHER									
3. U OTHER									
0=0=10111111111111111111111111111111111									
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									
DV.			Doto						
BY:			Date	·		_			
TITLE:							BOA	ARD SEAL	