

**State of Alabama**  
**Board of Licensure for**  
**Professional Engineers and Land Surveyors**  
**PO Box 304451**  
**Montgomery, AL 36130-4451**  
**www.bels.alabama.gov**

**Application**  
**for**  
**Certification as Land Surveyor Intern**

Board Use Only	
Date Rec'd _____	Entry No. _____
Exam Date _____	Grade _____
Education _____	
Date of Grad _____	Degree _____
Experience Under PLS _____	
Filing as _____	
Accepted as _____	

**Important** - All information **must be typed** and all questions must be answered. The application can be completed on the website. This application and any information pertaining to this application must be received in the Board Office prior to the filing deadline for Board review. Any information not received will be deferred for the next Board Meeting. If this application is 6 months or older, check with our office before using.

**Section 1.**

1. Full Legal Name \_\_\_\_\_ Mr \_\_\_\_ Ms \_\_\_\_

2. Addresses - furnish both addresses and indicate preferred mailing address with an "X" in the appropriate box

Residence Address \_\_\_\_\_ ( ) \_\_\_\_\_  
Street City State Zip Telephone No.

Firm Name \_\_\_\_\_

Firm Address \_\_\_\_\_ ( ) \_\_\_\_\_  
Street City State Zip Telephone No.

3. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_

4. Furnish date you passed the FS Exam \_\_\_\_\_

5. Indicate in one of the blocks below the statement which identifies how you are applying for Land Surveyor Intern certification:  
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I am a graduate from a four year related to surveying curriculum to include 15 semester hours or 22.5 quarter hours of surveying courses and I have at least 2 years of experience after graduation

I am a graduate from a four year related science curriculum and I have at least 4 years of experience after graduation

**Section 2. Undergraduate/Graduate Record - List all colleges or universities in the order you attended - Transcripts are required of all applicants**

University and Location	No. of Years Attended	Entrance Date	Leaving Date	Degree & Curriculum Obtained	Board Use Only

You must contact the University and have your transcripts showing your related to surveying or related science degree sent directly to the Board Office from the University - we do not have a form for this request.

**Section 3. Experience Record (Read Instructions Carefully Before Completing This Section)**

Engagement Number	Date From (mo & yr)  To (mo & yr)	<p>The experience record should begin after graduation from a university or the first employment after high school, whether or not it was land surveying experience. All time must be accounted for, including military time, illness, unemployment, etc. List engagements in chronological order, experience after college or high school as No. 1. For each engagement, list experience in the following format: (1) Title of Position (2) Name of Firm and City and State where employed (3) Description of experience (<b>one line is not sufficient</b>) <b>detailing</b>, in first person, the work you <b>personally</b> performed in land surveying in the areas of field experience including boundary, office experience and record research experience and indicating the time you spent in each. Columns A-D under <b>Surveying Experience</b> should be completed for each engagement. Column D should be the <b>Total</b> of columns A, B and C. This work should be progressive and should include boundary. If an engagement was part time work, indicate part time and the number of hours you worked per week. Experience must be started on the application form first. If you need to use additional pages, please number accordingly. Experience cannot be anticipated. <b>You must have the required experience when the application is submitted.</b> You must send a verification (V-2) form to your PLS supervisor or associate for each surveying engagement listed below that can be verified.</p>	Non-Surveying Experience (List Months)	Surveying Experience			
				List Number of Months			
				A	B	C	D
				Field Experience	Office Experience	Record Research Experience	Total Surveying Experience
(Total Surveying Time may not exceed Total Calendar Time)			Total Months				

**Section 3. Continuation of Experience Record**

Name \_\_\_\_\_

Engagement Number	Date From (mo & yr) To (mo & yr)	For each engagement, list experience in the following format: (1) Title of Position (2) Name of Firm and City and State where employed (3) Description of experience <b>(one line is not sufficient) detailing</b> , in first person, the work you <b>personally</b> performed in land surveying in the areas of field experience including boundary, office experience and record research experience and indicating the time you spent in each. Columns A-D under <b>Surveying Experience</b> should be completed for each engagement. Column D should be the <b>Total</b> of columns A, B and C. This work should be progressive and should include boundary. If an engagement was part time work, indicate part time and the number of hours you worked per week.	Non-Surveying Experience (List Months)	Surveying Experience			
				List Number of Months			
				A	B	C	D
				Field Experience	Office Experience	Record Research Experience	Total Surveying Experience
(Total Surveying Time may not exceed Total Calendar Time)			Total Months				

**Section 4. Verification of Surveying Experience - A Verification (V-4) form must be sent to those listed below** List only your surveying engagements from Section 3 (experience record) that can be verified by a PLS and send a verification (V-4) form to each person listed below. **Engagement Number and Company name of Employer should correspond with Experience Record.** If engagement cannot be verified, do not list in this section but explain below. Your PLS supervisor or associate must have been licensed prior to the time being verified.

Engagement Number	Company Name of Employer	Name of PLS Endorser	PLS Supervisor	PLS Associate	Endorser's State of PLS	Your Months Surveying Experience	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	

(duplicate this section if necessary and attach)

Total Surveying Experience Verified

**NOTE TO APPLICANT:** You are to send the experience verification forms to the individuals listed under Section 4 along with an envelope for them to return the forms to you. The envelopes should be sealed shut and signed across the back flap. **DO NOT OPEN** the sealed envelope. You are to collect the sealed envelopes and submit along with your application.

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**Section 5.**

**AFFIDAVIT**

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, deposes and says: I, the  
(Applicant's Name)

applicant named in this supplement to my Land Surveyor Intern application, have read the contents hereof, and to the best of my knowledge and belief the statements contained in this application are true in substance and effect and are made in good faith and I hereby subscribe to and agree to conform with the Rules of Professional Conduct, Rule 330-X-14 of the Administrative Code, and I hereby authorize any individual, company, or institution with whom I have been associated to furnish the Alabama State Board of Licensure for Professional Engineers and Land Surveyors with any information concerning my qualifications for certification as land surveyor intern in Alabama which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information. In accordance with Administrative Code Section 330-X-3-.01(5) withholding information, misrepresentation, or untrue statements will be cause for denial of application. The Code of Alabama 1975, Section 34-11-11(a)(1) states that the Board shall have the power to take disciplinary action against any licensee, engineer intern, land surveyor intern or firm for the practice of fraud or deceit in obtaining a certificate. The Alabama Child Support Reform Act of 1997 requires you to provide your social security number for the purpose of administering the State child support program.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

(SEAL)