

17. 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 (one line is not sufficient) detailing, in first person, the work you personally 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 Surveying Experience should be completed for each engagement. Column D should be the Total 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	Surveying Experience			
				List Number of Months			
				A	B	C	D
				Field Experience	Office Experienc	Record Research Experience	Total Surveying Experience
(Total Surveying Time may not exceed Total Calendar Time)			Total Months				

Name _____

18. Verification of Land Surveying Experience - An Experience Verification form must be sent to each person listed below. List only your land surveying engagements from Question 17 (experience record) that can be verified by a PLS. **Engagement Number and Company name of Employer should correspond with the Experience Record.** If engagement cannot be verified, do not list in this section but explain under 21. 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 Licensure	Your Months Surveying Experience	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	

(duplicate this section if necessary and attach) Total Surveying Experience Verified

Do Not Write
in this column
For
Board Use
Only

19. References - A Reference (R-2) form must be sent to those listed below
List names and addresses of five references who have personal knowledge of your character and professional reputation. Three of your five references must be licensed Professional Land Surveyors who have personal knowledge of your surveying experience. You may use your PLS supervisors (make sure you send them both forms).

Name	Address	State of PLS Licensure
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE TO APPLICANT: You are to send the experience verification forms and the reference forms to the individuals listed above 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.

Name _____

20. Explanation of affirmative answers for questions 10 through 15 on page one. (Attach sheets if necessary)

Response for Question 10

Previous name _____ Reason changed _____

Response for Question 11

Previously filed application was:

Denied on _____ Deferred on _____ Closed on _____ (fail to pass exams)

Licensed as _____ License Number _____ Date Expired _____

Response for Question 12

Denied licensure in the State of _____ when _____

basis for denial _____

Response for Question 13

Disciplined/Pending Complaints in the State of _____ when _____ basis of disciplinary action/charges

_____ outcome _____

Response for Question 14

Charges pending

Date of offense _____ Offense _____ Felony or Misdemeanor _____

Response for Question 15

Criminal Action

Date of offense _____ Offense _____ Felony or Misdemeanor _____

Action taken: Fine _____ Probation _____ Jail _____ Case Dismissed _____ Case Still Pending _____ Other _____

Have you lost your civil rights? _____. If yes, have they been restored and the date they were restored? _____

(restoration of civil rights documents must be submitted with the application)

21. Explanation for Question 18 Verification of Experience - **(Why experience cannot be verified)**

List engagement number and explanation

22. CITIZENSHIP DECLARATION

The Alabama immigration law requires proof of US citizenship or legal presence in order to become licensed.

Please select the appropriate citizenship or legal presence status below and provide legible documentation that shows proof of the status you selected. Click here for a list of acceptable documents.

_____ I am a United States citizen.

_____ I am an alien, legally present in the United States.

23. CERTIFICATION, AUTHORIZATION AND RELEASE

I, the applicant named in this application,

- Have prepared and reviewed the application and to the best of my knowledge the statements contained in this application are true and correct and are made in good faith.

Administrative Code Section 330-X-3-.02(5) states withholding information, misrepresentation, or untrue statements will be cause for denial of application.

The Code of Alabama 1975, Section 34-11-11 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.

- Agree to conform with the Rules of Professional Conduct set forth in the Administrative Code, Rule 330-X-14.
- Understand that State Law requires my social security number for the purpose of administering the State child support program by the State Title IV-D Agency.
- 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 qualification for professional licensure 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.

(Signature of Applicant)

(Date)

24. Record of Board (Board Use Only)

Board Action: _____

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