

STATE OF ALABAMA
BOARD OF LICENSURE FOR
PROFESSIONAL ENGINEERS AND LAND SURVEYORS

APPLICATION
FOR
PROFESSIONAL LAND SURVEYOR LICENSURE

Board Use Only

File No. _____

Date _____

Lic. No. _____

Date _____

Information

Fee \$125 make checks payable to: PE & LS Fund

Deadline On website under Dates & Deadlines

Application must be typed. The fee, references, experience verifications and citizenship documents must be submitted with the application.

NCEES Record Holders - Only complete questions 1-15, 20 and 22-23 on the application.

Board Addresses

Mailing PO Box 304451
Montgomery, AL 36130-4451

FedEx or UPS Mail Only RSA Union Bldg
100 N Union St #382
Montgomery, AL 36104

Phone (334) 242-5568

Toll Free (866) 461-7640

1. Full Legal Name _____ Mr _____ Ms _____

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

Residence: _____ (_____) _____
Telephone No.

Firm Name: _____ (_____) _____
Telephone No.

Firm Address: _____

3. Email Address: _____ Most of the correspondence pertaining to your application will be sent by email. To receive email from the Board, add bonnie.kelly@bels.alabama.gov to your address book, as a safe sender.

4. Date of Birth ____/____/____ 5. US Social Security No. _____ - _____ - _____ (required)

6. Indicate Alabama or other jurisdictions where you passed the FS and PS - see page 3 of the instructions

FS: State _____ Exam date: _____ LSI No. _____

PS: State _____ Exam date: _____ PLS No. _____

Questions 7 - 9 are only for applicants who are already licensed

7. State of first PLS Licensure _____ Date _____ Current to ____/____/____

8. Other States in which you are licensed _____

9. Do you hold a current NCEES Record? _____ Contact NCEES to have your record sent

Affirmative answers to questions 10-15 must be explained under Question 20

10. Has your name changed since birth? Yes No

11. Have you previously filed a PE or PLS application with this Board? Yes No

12. Have you ever been denied licensure in any State or Territory? Yes No

13. Have you ever been disciplined or do you have any complaints pending against you in any jurisdiction? Yes No

14. Do you currently have criminal charges pending? Yes No

15. Have you ever been convicted, plead guilty, placed on probation, had adjudication withheld, accepted pre-trial diversion for a felony or misdemeanor? If so, answer yes even if you understood the conviction was expunged or dismissed and would not be reported. Background checks are performed on all applicants. Yes No

Master File _____

16. Undergraduate/Graduate Record Name _____
List all universities in the order you attended. Transcripts are required of all applicants.
If you are applying by comity as a non-graduate, skip question 16.

| 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 degree sent directly to the Board Office from the University - we do not have a form for this request.

If you are certified as a Land Surveyor Intern in Alabama, your transcript should be on file, unless an additional degree has been obtained.

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

| Engagement Number | Date From (mo & yr) To (mo & yr) | 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 (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. Experience must be started on the application form first. If you need to use additional pages, please number accordingly. Experience cannot be anticipated. You must have the required experience when the application is submitted. You must send a verification (V-2) form to your PLS supervisor or associate for each surveying engagement listed below that can be verified | Non-Surveying Experience (List | 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 | | | | |

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 Verifie

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.

| 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 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. **AFFIDAVIT CERTIFICATION, AUTHORIZATION AND RELEASE**

State of _____

County of _____

_____, being
(Applicant's Name)

first duly sworn, deposes and says:

I, the applicant named in this 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 set forth in the Administrative Code, Rule 330-X-14. In accordance with Administrative Code Section 330-X-3-.01(5) withholding information, misrepresentation, or untrue statements will be cause for denial of application.

I also 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 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. I understand that the Alabama Child Support Reform Act of 1997 requires that I provide a United States 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)

24. **Record of Board (Board Use Only)**

Board Action: _____

Exam Offerings-Grades

ALSS _____
