

10	Have you passed Part 1, the Fundamentals of Land Surveying Examination? If "yes", give state: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Have you previously applied for New York State licensure in any profession? If "yes", in what profession(s)? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Are criminal charges pending against you in any court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14	Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15	Are charges pending against you in any jurisdiction for any sort of professional misconduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NOTE: If you answer "Yes" to any questions numbered 12-15, submit a letter giving a complete detailed explanation. Include copies of any court records (conviction records), and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."			
16	<p>Child Support Obligation</p> <p>Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.</p> <p>You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.</p> <p>Check only A or B below. If you check B, you must check one of the five statements listed below it.</p> <p>A. <input type="checkbox"/> I am not under an obligation to pay child support OR</p> <p>B. <input type="checkbox"/> I am under an obligation to pay child support and (please check only one of the following)</p> <p style="margin-left: 20px;"><input type="checkbox"/> I am current and am not four months or more in arrears in the payment of child support; or, <input type="checkbox"/> I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or, <input type="checkbox"/> The child support obligation is the subject of a pending court proceeding; or, <input type="checkbox"/> I am receiving public assistance or supplemental security income; or, <input type="checkbox"/> None of the above four statements apply.</p> <p>* New York State General Obligations Law, section 3-503.</p>		
17	<p>Student Loan Disclosure</p> <p>The State Education Department is required* to ask these questions about any student loans made or guaranteed by the New York State Higher Education Services Corporation, and to forward any "yes" responses to the New York State Higher Education Services Corporation. Your license application is not complete without this information.</p> <p>A) Do you have any outstanding loans made or guaranteed by the New York State Higher Education Services Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B) If you have such a loan(s), is any part in default? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*New York State Education Law, Section 6501-a</p>		
18	<p>Gender and Ethnicity: (This item is optional.)</p> <p>Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Ethnicity: <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American</p>		
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19 Please print clearly giving an accurate record of your educational preparation below. YOU MUST COMPLETE ALL INFORMATION FOR ALL SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED AND DIPLOMAS AND/OR DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. Attach additional sheets if necessary.

Elementary or Primary School (Complete if educated outside the U.S.):

Name of School: _____

City: _____ State/Province: _____ Country: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

Graduation date: _____ / _____ / _____
mo. day yr.

Name of High School/Secondary School or GED Diploma issuer:

Name of School: _____

City: _____ State/Province: _____ Country: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

Graduation date: _____ / _____ / _____ or Date GED issued: _____ / _____ / _____
mo. day yr. mo. day yr.

College or University Level Education

Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): _____

Date Degree/Diploma/Certificate awarded: _____ / _____ / _____
mo. day yr.

20 Do you intend to practice under interim Practice provisions of Section 7208(b) of the Education Law while your application is under consideration? (if yes, you must submit Form 5 along with Form 1) **Yes** **No**

If yes, is Form 5 enclosed as required? **Yes** **No**

21 Do you now hold, or have you ever held, a license or certificate to practice any profession in any jurisdiction? **Yes** **No**

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below.

Professional Title	State or Jurisdiction	Date License/Certificate Issued	License/Certificate Number	Limitations On License/Certificate

22 Education Program Review

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes No Please initial: _____

23 Photograph Requirement:

DO NOT STAPLE

**ATTACH SECURELY IN
THIS SPACE A 2" X 2"
PASSPORT STYLE
PHOTOGRAPH TAKEN
WITHIN THE PAST YEAR**

Date of photo: _____

24 Affidavit With Acknowledgment (Notarization required.)

Applicant

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant: _____

Date _____ / _____ / _____
Month Day Year

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Notary Stamp

Expiration date _____ / _____ / _____
Month Day Year

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department