Land Surveyor
Form 5

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Notification of Intent to Practice Land Surveying Under Section 7208(b) of Education Law

Applicant Instructions

Complete this form. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 7 before submitting this form along with your Licensure Application (Form 1) to the Office of the Professions at the address at the end of the form.

1 **Social Security Number**
(Leave this blank if you do not have a U.S. Social Security Number)

2 **Birth Date** Month Day Year

3 **Print Name Exactly as You Wish It to Appear on Your License**

Last
First
Middle

5 **Telephone/E-Mail Address**

Daytime phone
Area Code Phone

E-mail Address (please print clearly)

4 **Mailing Address** (You must notify the Department promptly of any address or name changes.)

Line 1
Line 2
Line 3
City
State Zip Code
Country/ Province

6 **Statement of Intent**

This is to state my intent to practice land surveying in the State of New York during the time when my application for licensure is being reviewed by the State Board for Engineering and Land Surveying, as permitted by Subsection (b) of Section 7208 of the New York State Education Law.

I am currently authorized to practice in the State (or Country) of _____, and have requested the licensing authorities from that state (or country) to submit Form 3, Verification of Out-of-State Licensure, Registration and Examination directly to the Department.

I do not have an established place of business in the State of New York. My current state of residence is shown in item 4 above, and if I am now a resident of the State of New York, this is to certify that I have resided in New York for a period of less than six months

beginning on _____ of _____.
Month *Year*

7 **Attestation**

I understand that my authorization to practice under Section 7208(b) does not become effective until the Department determines that my application is complete and sends me an authorization letter.

Signature _____ Date _____

Print name _____

Mail this form with your Application for Licensure (Form 1) 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