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## Land Surveyor Licensing Application Packet

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The University of the State of New York  
THE STATE EDUCATION DEPARTMENT

Office of the Professions  
Division of Professional Licensing Services  
89 Washington Avenue  
Albany, NY 12234-1000

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(Rev. 5/09)

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### **FOR FUTURE REFERENCE**

**IN THE EVENT OF AN EMERGENCY** that impacts the licensed professions, the Office of the Professions will provide important information, specific to the situation, through our **Web site** ([www.op.nysed.gov](http://www.op.nysed.gov)), our **automated phone system** (518-474-3817), and/or our **regional offices**. This information will include emergency provisions for professional practice as well as updates on scheduled events and services (licensing examinations, professional discipline proceedings, examination reviews, etc.).



## Ways to reach us...

### ⇒ General Customer Service

The Office of the Professions can be reached at 518-474-3817, TDD/TTY 518-473-1426. Staff are available from 8:30 a.m. to 4:45 p.m., Eastern Time, Monday through Friday. You may also fax a message to 518-474-1449 or e-mail us at [op4info@mail.nysed.gov](mailto:op4info@mail.nysed.gov).

### ⇒ On The World Wide Web

Information about the Office of the Professions and the 48 licensed professions, including information on all licensees, is available on our home page at:

**[www.op.nysed.gov](http://www.op.nysed.gov)**

### ⇒ License Application Status

Find out the **status of your license application** by checking our Web site where your name is added immediately when a license number is issued, or contact:

NYS Education Department, Office of the Professions, Division of Professional Licensing Services  
**Land Surveying Unit**, 89 Washington Avenue, Albany, NY 12234-1000  
PHONE: 518-474-3817 ext. 250 FAX: 518-402-5354 E-MAIL: [opunit1@mail.nysed.gov](mailto:opunit1@mail.nysed.gov)  
Please include your name, social security number, date of birth, and the name of the profession.

### ⇒ Verification of Education Credentials From Foreign or Non-Approved Programs

If you have questions about documentation required to verify education completed outside the U.S. or in non-approved programs, contact:

New York State Education Department, Office of the Professions, **Bureau of Comparative Education**  
89 Washington Avenue, Albany, New York 12234-1000  
PHONE: 518-474-3817 ext. 300 FAX 518-486-2966 E-MAIL [comped@mail.nysed.gov](mailto:comped@mail.nysed.gov)

### ⇒ Practice Issues

For answers to questions concerning practice issues, contact:

NYS Education Department, Office of the Professions, **State Board for Engineering and Land Surveying**  
89 Washington Avenue, Albany, NY 12234-1000  
PHONE: 518-474-3817 ext. 140 FAX: 518-473-6282 E-MAIL: [lsurvbd@mail.nysed.gov](mailto:lsurvbd@mail.nysed.gov)

## Other Important Contact Information...

### Licensing Examination

Licensing examinations for Land Surveying are administered by an independent examination vendor. Once your application for licensure has been reviewed and you are found eligible for examination, you will be sent an examination scheduling form. This includes the filing deadline dates and the fee. If you have any questions about eligibility for the licensing examination, you may call the Land Surveying Unit or the State Board for Engineering and Land Surveying.

# GENERAL LICENSING INFORMATION

Please read this general licensing information for all professions before proceeding to the detailed instructions for your profession.

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## INTRODUCTION

A professional license is the authorization to practice and use a professional title in New York State. Your license is valid for life unless it is revoked, annulled, or suspended by the Board of Regents. This application packet contains the forms and instructions you need to apply for a license.

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## LICENSURE AND REGISTRATION

Once received, your application and all required supporting material will be reviewed. If you meet all the licensure requirements, we will issue you a license and your first registration certificate. You will be entitled to practice in New York State as of the effective date of the license.

You may find out if your license has been issued (including your license number and effective date of licensure) by checking for your name in the listing of all licensed professionals on the Web at [www.op.nysed.gov](http://www.op.nysed.gov). Written confirmation of licensure -- your license parchment and registration certificate -- is mailed within two working days following the licensure date.

To practice in New York under the authority of your license, you must re-register every three years. You are automatically registered for your first registration period when your license is issued. Thereafter, we will send you a renewal application to the name and address we have on file (see the Address or Name Changes section on next page), at least four months before your registration expires.

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## VERIFYING YOUR APPLICATION CREDENTIALS

To ensure authenticity of credentials, the New York State Education Department's Office of the Professions requires evidence of your compliance with each licensure requirement **directly** from the organization where you met the requirement (e.g., school, testing agency, licensing authority, certifying board, hospital, employer, etc.). These records and documents must bear an original (**not photocopied**) signature of the official who maintains the records and stamp or seal of the institution where the credentials are maintained. **You are responsible for asking organizations and individuals to complete and directly submit to us the documentation you need.** Keep a record of your verification requests. To ensure protection of the public, the Office of the Professions regularly re-verifies credentials directly with the issuing institution to assure authenticity. In some cases, this may delay licensure.

**NOTE: Forms and transcripts from the originating institution must be mailed directly to the Department from the issuing institution in a sealed official envelope bearing the institution's name and address. Verifying organizations may take eight weeks or more from the date of your request to send the required independent verifications. The Office of the Professions cannot evaluate your credentials until we receive the required documentation. You must consider this time factor in deciding when to submit your application for licensure.**

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**ADDRESS OR NAME CHANGES**

If your mailing address or name changes, you must contact the Department to update your records and provide the following identifying information: your full name, social security number, profession and date of birth. Failure to provide the Department with your change of address or name will delay processing your application.

**For address changes** you may phone, fax or e-mail:

Phone: 518-474-3817 ext. 250  
TDD/TTY 518-473-1426

Fax: 518-402-5354

E-mail: [opunit1@mail.nysed.gov](mailto:opunit1@mail.nysed.gov)

**For name changes** a fax or e-mail is not acceptable. You must provide written notification of any name change with an original notarized signature in your new name to:

NYS Education Department, Office of the Professions  
Division of Professional Licensing Services  
Land Surveying Unit  
89 Washington Avenue  
Albany, NY 12234-1000

**NOTE: Once you are licensed, Education Law requires that you notify the Department of any change in your mailing address or name within 30 days of that change. Failure to do so may be considered professional misconduct. It may also delay renewal and result in late fees to renew the registration of a professional license.** You may use the Form AD/NAME located in the back of this packet or print a copy from our Web site at [www.op.nysed.gov/anchange.pdf](http://www.op.nysed.gov/anchange.pdf) to notify the Department of a change in your address or name.

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**PROFESSIONAL CONDUCT**

All licensed practitioners must adhere to rules of professional conduct. The Education Law includes definitions of professional misconduct, and the Board of Regents has adopted Rules defining unprofessional conduct for all professions. Every licensee is also governed by a set of Laws, Rules, and Regulations for the practice of the profession.

Title 8 of the NYS Education Law is available on our Web site at [www.op.nysed.gov/title8.htm](http://www.op.nysed.gov/title8.htm)

Part 29 of the Rules of the Board of Regents is available on our Web site at [www.op.nysed.gov/part29.htm](http://www.op.nysed.gov/part29.htm)

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**RECORDS RETENTION AND DISPOSITION STATEMENT**

Applications are considered active while an applicant is providing documentation to meet the requirements for a professional license or post-licensure certificate (i.e., examination grades, educational credentials and professional work experience).

If you withdraw your application or your application is inactive for five (5) consecutive years, any documents submitted as part of your application may be destroyed in accordance with the Records Retention and Disposition schedule on file with the State Archives and Records Administration.

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**DISCLOSURE OF SOCIAL SECURITY NUMBERS**

In accordance with Federal and State laws, the New York State Education Department requires that all applicants for professional licensure provide their Federal Social Security Number (SSN). Individuals without a SSN will be assigned a random, computer-generated nine-digit identifier. The agency will use the SSN or assigned numeric identifier to maintain accurate license and registration records. This information may be shared with other State or Federal agencies, consistent with applicable laws and departmental policy, but will otherwise be kept confidential.

The specific statutory authority for requiring Federal Social Security Numbers is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666 (a)); New York State Law-Title 8, Section 6507, paragraph 4(e) Education Law; Section 5 of the Tax Law.

For additional information see: [www.oft.state.ny.us/arcpolicy/policy/tp\\_974.htm](http://www.oft.state.ny.us/arcpolicy/policy/tp_974.htm)

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# APPLYING FOR A LICENSE AS A LAND SURVEYOR

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## GENERAL REQUIREMENTS

The practice of land surveying or use of the title "land surveyor" within New York State requires licensure.

**To be licensed as a land surveyor in New York State you must:**

- be of good moral character;
- be at least 21 years of age;
- meet education requirements;
- meet examination requirements;
- meet experience requirements;
- be a United States citizen or an alien lawfully admitted for permanent residence in the United States (Alien Registration Card/USCIS I-551 Status/"Green Card"); and

You must file an Application for Licensure (Form 1) and the other forms indicated, along with the appropriate fee, to the Office of the Professions at the address specified on each form. **It is your responsibility to follow up with anyone you have asked to send us material.**

The specific requirements for licensure are contained in Title 8, Article 145, Section 7206-a of New York State Education Law and Part 68 of the Commissioner's Regulations. The Law and Regulations are available on our Web site at [www.op.nysed.gov/l surv.htm](http://www.op.nysed.gov/l surv.htm).

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## FEES (fees listed are those in effect at the time this application was printed)

### Fee Schedule:

The fee for licensure and first registration is \$377. This includes Part 1, 2 and New York Staff Specific examination (see Examination Requirements).

The fee for eligibility to take Part 1 of the exam only is \$70

When the Department determines you are eligible for the licensing examination(s), you will be sent an examination scheduling form. This form must be submitted to our examination vendor along with the appropriate fee. The fee for the examination vendor is separate from the fees made payable to the New York State Education Department.

Fees are subject to change. The fee due is the one in law when your application is received (unless fees are increased retroactively). You will be billed for the difference if fees have been increased.

- Do not send cash.
- Make your personal check or money order payable to the New York State Education Department.  
**Your cancelled check is your receipt.**
- Mail your application and fee to: **NYS Education Department, Office of the Professions at the address at the end of the Application for Licensure (Form 1).**

**PLEASE NOTE:** Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned.

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## PARTIAL REFUNDS

Individuals who withdraw their licensure application may be entitled to a partial refund.

- For the procedure to withdraw your application, contact the Land Surveying Unit by e-mailing [opunit1@mail.nysed.gov](mailto:opunit1@mail.nysed.gov) or by calling 518-474-3817 ext. 250 or by faxing 518-402-5354.

- The State Education Department is not responsible for any fees paid to an outside testing or credentials verification agency.

If you withdraw your application, obtain a refund, and then decide to seek New York State licensure at a later date, you will be considered a new applicant, and you will be required to pay the licensure fee and meet the licensure requirements in place at the time you reapply.

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## **EDUCATION AND EXPERIENCE REQUIREMENTS**

Eligibility for licensure is based on a combination of education and/or experience totaling 8 years beyond high school graduation. The credit awarded for education determines the required number of years of experience needed.

### **Approved Accredited/Registered Programs**

**Approved accredited/registered programs** are master's, baccalaureate and associate degree programs in surveying, surveying engineering, surveying engineering technology, or a similar surveying-related title accredited by the Accreditation Board for Engineering and Technology (ABET). For such programs, you would receive:

- **four years** of education and experience credit for a baccalaureate (or master's) degree; and
- **two years** for an associate's degree.

However, to receive this credit the program must have been registered by the Department or accredited **by ABET** at the time you earned your degree.

Proportional credit may be awarded for other education completed, depending on the course content. Contact the Bureau of Comparative Education at [comped@mail.nysed.gov](mailto:comped@mail.nysed.gov) or 518-474-3817 ext. 300 for further information. Transcripts must be sent directly to the land surveying unit from the institution attended utilizing a Certification of Education (Form 2).

If you graduated from or are within 20 semester credits of completing the requirements for an ABET accredited bachelor's degree program in land surveying, or an equivalent major, you may take the Part 1 examination.

For more information about currently accredited academic programs in surveying engineering (EAC), surveying engineering technology (TAC), contact ABET at their Web site [www.abet.org](http://www.abet.org).

### **Acceptable Land Surveying Experience**

The State Board for Engineering and Land Surveying evaluates acceptable experience based on criteria specified in regulations. The experience must:

- a. include 50 percent of the required experience spent in charge of work related to property conveyance and/or boundary line determination;
- b. demonstrate adequate experience in the technical field aspects of the profession;
- c. demonstrate adequate experience in charge of the office aspects of the profession;
- d. demonstrate experience in the legal aspects of the profession;
- e. demonstrate adequate direct supervision of experience by a licensed land surveyor; and
- f. include at least two years of experience working on projects requiring a knowledge and use of surveying codes and practices utilized in the United States.

Acceptable experience should include a full and current knowledge of all surveying equipment and shall include measurements of space, water, land and structures to determine boundaries, areas, elevations, alignments and locations; evaluation and analysis of field data, appropriate research of public and private land records, preparation of client service contracts and final surveying reports, maintenance of survey records and the supervision of field and office personnel, all in accordance with legal regulations and statutes and the standards of the professional practice.

"Stake-out" and "line and grade" surveys do not provide adequate training in themselves. However, when

such surveys, including "right-of-way" surveys, are performed under the supervision and direction of a licensed land surveyor, the State Board may, at its discretion, consider granting credit for the work toward partial fulfillment of the experience requirement.

All the experience you wish to have evaluated must be described on the Report of Professional Experience (Form 4) and the Verification of Professional Experience (Form 4A) and should be accounted for chronologically. **Experience descriptions must include specific duties you personally performed, the complexity of the work, and make clear the extent of your responsibility for the work.**

Please list your experience in a comprehensive, detailed and explicit manner. The Department will consider only experience that you have completed by the date the application is signed and which is submitted on the forms 4 and 4A. The quality of the experience, not merely the calendar time, will be evaluated. Time claimed on the forms cannot exceed actual calendar time.

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## EXAMINATION REQUIREMENTS

Before you can be licensed, you must pass:

- Part 1 (Fundamentals of Land Surveying);
- Part 2 (Principles and Practice of Land Surveying); and
- Part 3 (New York State Specific) examinations.

Parts 1 and 2 are developed by the National Council of Examiners for Engineering and Land Surveying (NCEES). Part 3 is developed by the New York State Board for Engineering and Land Surveying. (See General Requirements for information about laws and regulations governing licensure as a land surveyor in New York State which may be incorporated in the Part 3 of the exam.)

The examinations are administered twice a year, in April and October, at various sites throughout New York State. You must meet two different deadlines: the deadline for submitting your licensure application to the New York State Education Department and the deadline for submitting your Examination Scheduling Form to the test vendor.

The deadlines for submitting **licensure applications** are:

Exam Month	Deadline for Licensure Applications
April	November 1 of previous year
October	May 1 of same year

**All required licensure application forms and Examination Scheduling Forms must be postmarked by the filing deadlines; there are no exceptions.**

The Department will notify you when you are eligible to take the professional licensing examinations and will include an Examination Scheduling Form and appropriate scheduling information with that notification. Do not attempt to schedule the examination until you receive your notice of eligibility.

### Reasonable Testing Accommodations

Reasonable testing accommodations are available if you have a disability and may require them for the examination. Request the Office of the Professions Reasonable Testing Accommodations pamphlet and Request Form from the Bureau of Professional Examinations by e-mailing [opexams@mail.nysed.gov](mailto:opexams@mail.nysed.gov) or by calling 518-474-3817 ext. 290 or faxing 518-473-8577.

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## CERTIFICATION AS AN INTERN LAND SURVEYOR

To be eligible for an identification card as an "intern land surveyor," you must:

- be of good moral character;
- be a U.S. citizen or alien lawfully admitted for permanent residence in the United States; and
- have graduated from an ABET accredited baccalaureate degree program in surveying and passed Part 1 of the licensing examination.

If you are enrolled in an ABET accredited baccalaureate degree program in surveying, you may submit a Licensure Application (Form 1) with a \$70 fee and ask your school to submit a Form 2 (Certification of Professional Education) to be approved for Part 1 of the licensing examination when you are within the equivalent of 20 semester hours of graduation from your program.

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## INTERIM PRACTICE OF LAND SURVEYING

Section 7208 (b) of the Education Law allows practice as a land surveyor in New York State by a person who is not a resident, or who has no established place of practice in this State, or who is a New York State resident but has arrived in New York State within the last six months may practice as a land surveyor in New York State.

However, such a person must have filed an application for licensure as a land surveyor in New York State and **must be legally qualified for such practice in the state or country of their previous residence or place of practice.** This provision for interim practice is valid only until the Board grants or denies the application for license. During this time of interim practice, no title, sign, card or device shall be used to convey the impression that the person rendering such service is a professional land surveyor licensed in this State.

You must submit a Notification of Intent to Practice Land Surveying under Section 7208 (b) of Education Law (Form 5) to practice under this provision. You will also need to verify licensure from your current jurisdiction of residence using a Verification of Out-Of-State Licensure, Registration and/or Examination (Form 3).

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# COMPLETING THE APPLICATION FORMS

## *for licensure as a Land Surveyor*

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### INSTRUCTIONS

Please type or print all information and sign all forms in black or blue ink. Original signatures are required on all forms.

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### FORM 1 - APPLICATION FOR LICENSURE

**All applicants for licensure** must complete this form and submit it with the appropriate fee ( \$377 for licensure and first registration, \$70 for eligibility to take Part 1 of the exam only,) directly to the Office of the Professions at the address at the end of Form 1. Make checks payable to the New York State Education Department. **NOTE: Your cancelled check is your receipt.**

You **must** answer **all** questions and provide **all** information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **Your signature on Form 1 must be notarized by a Notary Public.**

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### FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

**This form must be submitted directly by the educational institution(s) you attended. The Office of the Professions will not accept this form if submitted by the applicant.**

**You must at least document your high school graduation.**

**Section I:** Complete this section of the form before sending the entire form to your school. Be sure to sign and date item 10.

**Section II:** The Registrar or appropriate school official must complete the appropriate parts of this section and return both pages of the form directly to the Office of the Professions at the mailing address on the form.

If your **associate or baccalaureate degree program** was in surveying, surveying engineering, surveying engineering technology, or a similar surveying-related title and was **accredited** by ABET at the time of your graduation or within one year thereafter for land surveying, the Registrar must complete Parts B and C.

**(NOTE:** For applicants applying to take **Part 1** of the licensing examination based on education only, such a program must be at the **baccalaureate level** and they must have either **graduated from** or be within 20 semester hours of graduating from the program.)

If your educational program does not fit the criteria in the preceding paragraph, the Registrar must complete Parts A and C. **Remind the school that they must attach an official transcript or marksheet of your studies.**

When studies were completed at more than one school, official records need to be sent to the Department from each school. Please photocopy the form as needed.

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### FORM 3 - VERIFICATION OF OUT-OF-STATE LICENSURE, REGISTRATION AND/OR EXAMINATION

**Use this form only if you are or have been licensed as a land surveyor in another jurisdiction or if you want to verify that you passed the Fundamentals of Land Surveying Examination and/or the Principles and Practice of Land Surveying examination in another jurisdiction.**

**If applying for 7208(b) Interim practice, verification of licensure from your current jurisdiction of residence is required.**

**This form must be submitted directly by the licensing authority. The Office of the Professions will not accept this form if submitted by the applicant.**

**Section I:** Complete this section before sending the entire form to each appropriate licensing authority. Be sure to sign and date item 8.

**Section II:** The licensing authority must complete this section, sign, date and return all pages of the form directly to the Office of the Professions at the address at the end of the form.

Please photocopy this form as needed.

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#### **FORM 4 - REPORT OF PROFESSIONAL EXPERIENCE**

Complete and send both pages of this form directly to the Office of the Professions at the address at the end of the form. List all experience that you wish to be evaluated for licensure. Your experience must be listed in chronological order beginning with your first employment for which experience is being claimed, and include firm name, name of endorser, beginning and ending dates, and total time claimed for each endorser. Be sure to sign and date item 6.

**You must also complete a separate Form 4A for every employer you list on this form. Your application will not be reviewed by the Board until a Form 4A for every employer listed has been received.**

When an endorsement does not lend credibility to your experience, it may be discounted at the judgement of the Board. A Form 4A that is not endorsed with not receive any credit towards licensure.

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#### **FORM 4A - VERIFICATION OF PROFESSIONAL EXPERIENCE**

**This form must be submitted directly by the endorser. The Office of the Professions will not accept this form if submitted by the applicant.**

**Sections I and II:** Complete these sections, in parts A and B of Section II, list your experience in a comprehensive, detailed, and explicit manner. Be sure to sign and date the attestation at the end of Section II **before giving the entire form to the licensed land surveyor who will verify your experience.** Descriptions must be specific about your personal contributions to land surveying projects to which you were assigned. Avoid terms like "...participated in...", "...involved with...", or similar generalities. State your exact duties. Your personal surveying work must be described in reasonable detail. Regardless of the total time claimed on a single sheet, you must break the total time down in segments, each of which describes one kind of work you have performed. For each segment, provide a detailed description of your personal activities that would allow the State Board to properly evaluate that work. Remember to indicate in the time column the total time you spent on each specific kind of work. Attach additional sheets if necessary.

**Section III:** The licensed land surveyor who will verify your experience must complete this section, sign the attestation endorsing your professional experience before returning all pages of this form directly to the Office of the Professions at the address at the end of the form. **The endorser's signature on Form 4A must be notarized by a Notary Public.**

**A separate Form 4A must be submitted for each instance of professional experience you list on the Report of Professional Experience form (Form 4). Your application will not be reviewed by the Board until a Form 4A for every employer listed has been received.**

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**FORM 5 - NOTIFICATION OF INTENT TO PRACTICE LAND SURVEYING UNDER SECTION 7208 (b)  
OF EDUCATION LAW (for Endorsement Candidates only)**

**Use this form only if you wish to engage in interim practice while your application for licensure is being reviewed and you:**

- are not a resident of New York State;
- have no established place of practice in this State, or
- are a resident of this State, but have arrived only within the past six months

You must have filed an application for licensure as a land surveyor in New York and must be legally qualified to practice in the jurisdiction in which you currently reside or have a place of practice, or in your previous residence or place of practice (a Verification of Out-Of-State Licensure, Registration and/or Examination form must be submitted to verify this license/current registration). Interim practice will only be approved for a limited time to allow the Department time to review your application for licensure. If you are approved to practice for an interim period, you will not be allowed to claim or in any way state that you are providing services as a land surveyor licensed in New York State.

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**Completing Additional Forms**

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**FORM AD/NAME - ADDRESS/NAME CHANGE FORM**

You are required to notify us within 30 days of any name or address changes. Please read the instructions and complete the appropriate sections of this form.



**LAND SURVEYOR**

**APPLICANT CHECKLIST**

*Please complete and keep this checklist as a reminder of what forms you have filed and when you filed them. This is for your reference and should not be submitted with your application forms. **You should keep a copy of all application forms submitted.***

**CHECK (✓) AND DATE EACH STEP WHEN COMPLETED.**

\_\_\_\_\_ 1. Have you completed and sent the following to the Office of the Professions?

\_\_\_\_\_ A. FORM 1 - APPLICATION FOR LICENSURE

\_\_\_\_\_ B. FEE (\$377) - FOR LICENSURE AND FIRST REGISTRATION

OR

FEE (\$70) - FOR ELIGIBILITY TO TAKE PART 1 OF THE EXAM ONLY

\_\_\_\_\_ C. FORM 4 - REPORT OF PROFESSIONAL EXPERIENCE

\_\_\_\_\_ D. FORM 5 - NOTIFICATION OF INTENT TO PRACTICE LAND SURVEYING UNDER SECTION 7208(b) OF EDUCATION LAW (for Endorsement Candidates only)

\_\_\_\_\_ 2. Have you completed and forwarded the following forms to the appropriate institution(s) or agencies? Keep copies of the requests so that you may check with them to be sure they have submitted the information.

\_\_\_\_\_ A. FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

Sent to the following educational institutions:

Date sent

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ B. FORM 3 - VERIFICATION OF OUT-OF-STATE LICENSURE, REGISTRATION AND/OR EXAMINATION - Use this form only if you are or have been licensed as a land surveyor in another jurisdiction or if you want to verify that you passed the Fundamentals of Land Surveying Examination and/or the Principles and Practice of Land Surveying examination in another jurisdiction. You must complete and forward this form to the appropriate licensing authority for submission to the Department. If applying for 7208(b) Interim practice, verification of licensure from your current jurisdiction of residence is **required**.

Sent to the following authorities:

Date sent

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ C. FORM 4A - VERIFICATION OF PROFESSIONAL EXPERIENCE

Sent to:	With Additional Sheet	Date sent
----------	--------------------------	-----------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TO SPEED PROCESSING OF YOUR APPLICATION:**

- **Submit your application for licensure in plenty of time to allow verifying organizations to send the required independent verifications to the Office of the Professions. This may take eight weeks or more.**
- Notify the Office of the Professions promptly of any address or name changes.
- Respond promptly to requests for additional information from the Office of the Professions.



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 including a Certificate of Conviction. If there are offenses in multiple courts, please provide the same for each action. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents.

16	<b>Child Support Obligation</b>
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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.

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.

**Check only A or B below. If you check B, you must check one of the five statements listed below it.**

- A.  I am not under an obligation to pay child support  
**OR**
- B.  I am under an obligation to pay child support and (please check only one of the following)
- I am current and **am not** four months or more in arrears in the payment of child support; or,
  - I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
  - The child support obligation is the subject of a pending court proceeding; or,
  - I am receiving public assistance or supplemental security income; or,
  - None of the above four statements apply.

\* New York State General Obligations Law, section 3-503.

17	<b>Citizenship/Immigration Status</b>
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Federal law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

**I am:**

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: \_\_\_\_\_
- I. I do not reside in the United States.

If you checked any of the boxes from B-H, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number: \_\_\_\_\_

**QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.**

**18** 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.

**19** 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**

**20** 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

**21 Gender and Ethnicity: (This item is optional.)**

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.

Gender:  Male  Female

Ethnicity:  White (not Hispanic)

Black (not Hispanic)

Asian

Hispanic

Native American

**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 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 \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Notary Stamp**

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



**Section II: Certification of Professional Education**

**Instructions to the School: Please complete:** (1) Either Part A or Part B as appropriate; and  
(2) Part C and return both pages of this form in an official school envelope with requested documents directly to the Office of the Professions at the address at the end of the form. Do not return this form to the applicant. This form will not be accepted if returned by the applicant.

Name of applicant: \_\_\_\_\_  
*(Section I, item 5)*

**PART A - HIGH SCHOOL EDUCATION OR UNREGISTERED PROGRAMS** An official transcript must be attached.

**Note:** Please attach an official transcript or marksheet showing the courses completed each year and the grades earned. If not clearly identified on transcript, list any courses convalidated or accepted for transfer credit by your school and the name of the institution from which credit was transferred.

Title of program \_\_\_\_\_ Concentration, if any \_\_\_\_\_

Name of Department offering program \_\_\_\_\_

Dates of attendance: from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

Was a degree awarded?  Yes  No

If yes, state exact title \_\_\_\_\_ Date degree was awarded \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**PART B - ACCREDITATION BOARD FOR ENGINEERING AND TECHNOLOGY (ABET) ACCREDITED PROGRAMS OR NEW YORK STATE REGISTERED PROGRAMS**

To be completed only by those schools whose baccalaureate or associate degree program in surveying or surveying engineering or surveying engineering technology or similar surveying-related title was registered by the New York State Education Department as licensure qualifying for land surveying or was accredited at the time of the applicant's graduation by ABET, or within one year prior to such accreditation.

It is certified that: \_\_\_\_\_  
*Name of applicant*

has satisfactorily completed all requirements for the  Associate or  Bachelor's degree in \_\_\_\_\_ and was  
*Program title*  
awarded the degree (date of faculty approval to award degree; not the date of graduation ceremony) on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.  
or, for baccalaureate degree candidates only, is expected to be awarded the degree on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**PART C - CERTIFICATION (To be completed by ALL schools)**

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature of Registrar: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print or Type Name: \_\_\_\_\_

Title or official position: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

**(INSTITUTION SEAL)**

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Land Surveying Unit, 89 Washington Avenue, Albany, NY 12234-1000.**



**Section II: Verification of Licensure, Registration and/or Examination: (Please print or type)**

**Instructions to the Licensing Authority:** Please complete items 1-3, sign and date the certification and return all pages of this form in an official envelope **directly** to the Office of the Professions at the address below. **This form will not be accepted if returned by the applicant.** Attach additional sheets if necessary.

1. Name of applicant: \_\_\_\_\_  
(Section I, item 6)

2. Record of Examination

a. For Fundamentals of Land Surveying: (Check One):

Written Examination in your jurisdiction.  
Hours \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ NCEES exam?  Yes  No  
mo. day yr.

Endorsement of examination taken in another jurisdiction.  
Hours \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Jurisdiction: \_\_\_\_\_  
mo. day yr.

Waiver of written examination based on: (Check all that apply)  
 Accredited land surveying degree  Oral examination Hours \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.  
 Demonstrated proficiency in land surveying over a period of \_\_\_\_\_ years.  
 Other (Specify): \_\_\_\_\_

b. For Principles and Practice of Land Surveying: (check one)

Written examination in your jurisdiction (If more than one part or grade, list separately on an attached sheet.)  
Part \_\_\_\_\_ Hours \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ NCEES exam?  Yes  No  
mo. day yr.  
Part \_\_\_\_\_ Hours \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ NCEES exam?  Yes  No  
mo. day yr.  
Part \_\_\_\_\_ Hours \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ NCEES exam?  Yes  No  
mo. day yr.

Endorsement of examination taken in another state or territory  
Do the written examinations include either:  NCEES "Colonial" examination  NCEES "Public Domain" examination  
Part \_\_\_\_\_ Hours \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.  
Part \_\_\_\_\_ Hours \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.  
Part \_\_\_\_\_ Hours \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

Waiver of written examination based on: (Check all that apply)  
 Oral examination Hours \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.  
 Demonstrated proficiency in land surveying over a period of \_\_\_\_\_ years.  
 Other (Specify): \_\_\_\_\_

3. a. If the applicant hold a current license to practice land surveying in your jurisdiction:

License number: \_\_\_\_\_ Date issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiration date of most recent registration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr. mo. day yr.

b. Was there any disciplinary action against this license?  Yes  No

If so, please explain: \_\_\_\_\_

c. Are there any disciplinary charges pending against this license?  Yes  No

If so, please explain: \_\_\_\_\_

**Certification**

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named above. I further certify that, except as noted in item 3 on page 2 or in any attachments, this licensing authority has never taken any disciplinary action against this person and that in so far as the licensing authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Licensing authority: \_\_\_\_\_ (SEAL)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services,  
Land Surveying Unit, 89 Washington Avenue, Albany, NY 12234-1000.**





**Professional Experience**

List below all places of employment in chronological order beginning with your first employment for which experience is being claimed. Attach a separate sheet if needed. You must submit a Form 4A for every employer listed below. Your application will not be reviewed by the Board until a Form 4A for every employer listed has been received.

Endorser Number	Firm Name	Name of Endorser	Experience for Endorser		Experience Time Claimed (Yrs/Mos)
			From (mm/dd/yy)	To (mm/dd/yy)	
1			___ / ___ / ___	___ / ___ / ___	___ / ___
2			___ / ___ / ___	___ / ___ / ___	___ / ___
3			___ / ___ / ___	___ / ___ / ___	___ / ___
4			___ / ___ / ___	___ / ___ / ___	___ / ___
5			___ / ___ / ___	___ / ___ / ___	___ / ___
6			___ / ___ / ___	___ / ___ / ___	___ / ___
7			___ / ___ / ___	___ / ___ / ___	___ / ___
8			___ / ___ / ___	___ / ___ / ___	___ / ___
9			___ / ___ / ___	___ / ___ / ___	___ / ___
10			___ / ___ / ___	___ / ___ / ___	___ / ___
<b>Total Experience Time Claimed:</b> (Note: Total time claimed cannot exceed calendar time)					___ / ___

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Land Surveying Unit, 89 Washington Avenue, Albany, NY 12234-1000.**



**Section II: Description of Experience (to be completed by the applicant)**

Pg \_\_\_\_\_ of \_\_\_\_\_

**Endorser Number**  
**(from Form 4)**

- A.** Describe your **general surveying duties** during your employment with the firm named on this form for the time period covered by this report. In addition, describe briefly your personal level of responsibility or authority for the work described below. Explain here any changes in your title resulting from promotions or other job changes during this period of employment (attach additional sheets if necessary).

**Section II: Description of Experience (to be completed by the applicant) (continued)**

Pg \_\_\_\_\_ of \_\_\_\_\_  
 Endorser Number  
 (from Form 4)

**B.** Describe in detail the **specific work you personally performed** while you were employed by the firm or organization named on this form. Then, indicate at right, the time you spent on these projects or assignments. The total time you claim cannot exceed actual calendar time. Describe your work in sufficient detail (attach additional sheets if necessary).

**Time**

Years	Months

Enter the total time of work experience with this endorser here and on the appropriate endorser line on Form 4.

Total time this sheet:		
Total time this Endorser:		

**Attestation**

I hereby certify that the work experience described on this form and the time claimed for that experience are true and accurate.

Applicants signature: \_\_\_\_\_ date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print name: \_\_\_\_\_



**Endorser's Attestation**

I have read the applicant's Report of Professional Experience. I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and land surveying ability and that, except as otherwise noted on the front of this form, or in attached correspondence, the work experience described by the applicant and the time claimed for it are true and accurate.

\_\_\_\_\_  
Endorser's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

**SEAL**

I cannot so certify. Letter of explanation attached.

**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

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Land Surveying Unit, 89 Washington Avenue, Albany, NY 12234-1000.**







**ADDRESS/NAME CHANGE FORM**

**INSTRUCTIONS**

Use this form to report a change in your address and/or name. Please read these instructions carefully and be sure you complete the appropriate sections of this form. Please print clearly in ink.

- **For address changes only:** Complete Sections I, II, and IV. **For address changes only**, you may fax this form to the Records and Archives Unit at 518-486-3617 or provide the required information by e-mailing oparchiv@mail.nysed.gov. Your records will be updated. Currently registered licensed professionals will be sent a new registration certificate.
- **For name changes only:** Complete Sections I, III, and IV. **Name changes** must be accompanied by supporting documentation.

Acceptable supporting documentation includes:

A court order authorizing your name change, marriage certificate, or divorce papers **and** a copy of a photo ID in your new name.

**Or**

**Two (2)** of the following:

- A letter from the Social Security Administration indicating both your old and new names.
- Copies of both old and new driver's licenses.
- Copies of both old and new New York State non-driver photo ID cards.
- Copies of both old and new Social Security Cards.
- Copies of both old and new passports.
- Copies of both old and new U.S. Military photo ID cards.

Other forms of identification may be acceptable as supporting documentation. Please contact the Records/Archives Unit by calling 518-474-3817 Ext. 380 or by e-mailing oparchiv@mail.nysed.gov before submitting.

Be sure to sign and date Section IV. Currently registered licensed professionals will be sent a new registration certificate. Also, if you would like to replace your existing license parchment with one in your **new** name, check the appropriate box in Section III and enclose your **original parchment** (your original parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it).

- **For address and name changes:** Complete all sections.

Licensed professionals can check the Office of the Professions' Web site at www.op.nysed.gov to verify your name, city, state, registration expiration date, and license number on record.

**NOTE:** Important information and registration renewals will be sent to the address on file for you. **You must notify the Department in writing within 30 days if your address or name changes.**

**Section I: Your General Information**

1. Name (currently on record): \_\_\_\_\_

2. Social Security Number:        Birth Date: Month   Day   Year

Telephone: Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Are you reporting an address and/or name change?  address change  name change  both

4. Effective date of change: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **(Note: Changes cannot be accepted until after the effective date.)**

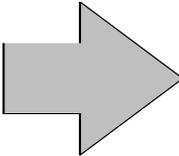
5. Licensure status in New York State:

I am an applicant for licensure in New York State for the licensed profession(s) of: \_\_\_\_\_

I am currently licensed in New York State in the profession(s) of: \_\_\_\_\_ (see list of professions on page 2)

\_\_\_\_\_ New York State license number:

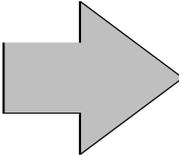
**Section II: Address Change (please print)**

Information <u>Currently On Record</u>		New Information
Apt./Bldg. _____		Apt./Bldg. _____
Street _____		Street _____
City _____		City _____
State _____		State _____
Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Province or Country (if not U.S.) _____	Province or Country (if not U.S.) _____	

Is this new address a business address?  Yes  No

**Failure to answer this question will result in your address being deemed a business address and, therefore, public information.**

**Section III: Name Change (please print)** If you are reporting a name change, please sign using your **NEW** name in Section IV. **If you are currently registered you will receive a new registration certificate.**

Information <u>Currently On Record</u>		New Information
Last Name _____		Last Name _____
First Name _____		First Name _____
Middle or Initial _____		Middle or Initial _____

Check here if you wish to have your existing license parchment replaced with one in your **NEW** name. Enclose your **original parchment** and a **\$10 check or money order** made payable to the New York State Education Department with your request. You will be sent a new parchment. **Note:** your **original** parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it.

**Section IV: Affidavit**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Professional Titles Licensed Under Education Law**

(See item #5 on page 1 of the form.)

- |  |  |  |
|--|--|--|
| Acupuncturist<br>Architect<br>Athletic Trainer<br>Audiologist<br>Certified Clinical Laboratory Technician<br>Certified Dental Assistant<br>Certified Histological Technician<br>Certified Public Accountant<br>Certified Shorthand Reporter<br>Chiropractor<br>Clinical Laboratory Technologist<br>Creative Arts Therapist<br>Cytotechnologist<br>Dental Hygienist<br>Dentist<br>Dietitian/Nutritionist<br>Interior Designer | Landscape Architect<br>Land Surveyor<br>Licensed Clinical Social Worker<br>Licensed Master Social Worker<br>Licensed Practical Nurse<br>Marriage and Family Therapist<br>Massage Therapist<br>Medical Physicist<br>Mental Health Counselor<br>Midwife<br>Nurse Practitioner<br>Occupational Therapist<br>Occupational Therapy Assistant<br>Ophthalmic Dispenser<br>Optometrist<br>Perfusionist<br>Pharmacist | Physical Therapist<br>Physical Therapist Assistant<br>Physician<br>Podiatrist<br>Polysomnographic Technologist<br>Professional Engineer<br>Psychoanalyst<br>Psychologist<br>Public Accountant<br>Registered Physician Assistant<br>Registered Professional Nurse<br>Registered Specialist Assistant<br>Respiratory Therapist<br>Respiratory Therapy Technician<br>Speech-Language Pathologist<br>Veterinarian<br>Veterinary Technician |
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**Applicants**  
**mail to**

New York State Education Department, Office of the Professions, Division of Professional Licensing Services,  
(insert name of profession from above list) Unit, 89 Washington Avenue, Albany, NY 12234-1000.

**Licensees**  
**mail to**

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