

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.**