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 2, enter your name exactly as it appears an your Application for Licensury (Form 1). Be ours to sign and date																																			
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 Na	rint Name 5 Telephone/E-Mail Address																																	
	Last																							Daytime phone											_
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	Middle																										ea C				Ph	one			
4	Mailing Address (You must notify the Department promptly of any address or name changes.)																_																		
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6	Stateme	Statement of Intent																																	
	reviewed	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															if																			
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7	Attestati	ion						10101	101								rear																		
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of t	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													(
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