

Land Surveyor Form 3

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

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.)

Applicant Instructions

1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 8.
2. Send this entire form to the appropriate licensing authority for completion of Section II. Be sure to include any fee required by that licensing authority. If applying for 7208(b) Interim practice, verification of licensure/certification from your current jurisdiction of residence is **required**. **This form will not be accepted if submitted by the applicant.**

Section I: Applicant Information

1 Social Security Number **2** Birth Date Month Day Year
(Leave this blank if you do not have a U.S. Social Security Number)

3 Print Name as It Appears on Your Application for Licensure (Form 1)

Last
First
Middle

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

5 If licensed by examination in the United States, give jurisdiction: _____

6 Print or type your name in the exact form in which land/surveying license was issued: _____

7 To the Land Surveying State Board of: _____

Check appropriate boxes:

I hereby make application for the transfer of examination grades and related information.

I am a licensed certified Land Surveyor of your jurisdiction. License number: _____ Date: _____ / _____ / _____
mo. day yr.

8 I request and give my permission to the licensing authority listed in item 7 above to complete the information on this form and mail it to the New York State Education Department and to release any other information required by the State Education Department in connection with my application for licensure. I also 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.

Applicant's Signature _____ mo. day yr.

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.**