30 Day Limited Permits for Professional Engineers and Land Surveyors

The New York State Education Department can issue a 30 Day Limited Permit to qualified individuals seeking to practice as professional engineers or land surveyors in New York State in accordance with Section 7207 of the Education Law. (See page 2 for text of the law.) Limited permit holders are permitted to practice no more than 30 days in any calendar year. Limited permits are only available to applicants who:

- are legally qualified to practice engineering or land surveying in his/her own state or country,
- are not residents of New York State, and
- do not have an established place of practice in New York State.

Your practice of engineering or land surveying in New York State under a Limited Permit must be:

- as an individual, or;
- as an employee of a business entity authorized to provide professional engineering or land surveying services in New York State.

Your firm must have been issued a Certificate of Authorization from the New York State Education Department. If your firm is not authorized to provide engineering and/or land surveying services in New York State, the contract with a New York client must be between you (i.e. the individual licensee), and the client and not the corporate employer and the client.

Applying for a limited permit

To apply for a 30 Day Limited Permit you must submit:

I. Form 5A - Application for Project Specific and 30 Day Limited Permit for Applicants Not Seeking Licensure in New York State and the required fee of $105.

   - Complete all portions of Form 5A and mail it along with the required fee to the New York State Education Department's Office of Professions at the address listed at the end of the form.

II. Form 3 - Verification of Out of State Licensure, Registration and/or Examination.

   - Complete Part I of Form 3 and forward to the jurisdiction where you currently reside and are licensed and registered. Request that the licensing authority complete Part 2 and send the completed form directly to the New York State Education Department's Office of Professions at the address listed at the end of the form.

Online license verification service

To verify that an individual licensee, or business entity is authorized to provide professional engineering and/or land surveying services in New York State please visit our online license verification service at www.op.nysed.gov.
Obtaining a Certificate of Authorization

For more information on obtaining a "Certificate of Authorization to provide engineering and/or land surveying Services in New York State", contact the Office of the Professions, Professional Corporations Unit at 518-474-3817 Ext. 400; fax 518-473-5515; e-mail opcorp@mail.nysed.gov.

Selected Sections of Education Law - Article 145 Engineering and Land Surveying

S 7207. Limited permits. 2. A limited permit to practice as a professional engineer or land surveyor in this state may be issued by the department to a person not a resident in this state and having no established place of practice in this state, when such practice does not aggregate more than thirty days in any calendar year, provided that such person is legally qualified to practice in his own state or country. The limited permit authorizing such right to practice in this state shall specify the dates within the calendar year when such right may be exercised.

Instructions for signing and sealing documents under your limited permits

When signing and sealing documents under your New York Limited Permit, which authorizes you to practice engineering or land surveying in New York, you should use your seal from the jurisdiction where you currently reside, are licensed and registered, and attach a copy of your New York State Limited Permit Certificate to the document.

For additional assistance

New York State Education Department
Office of the Professions
State Board for Engineering and Land Surveying
89 Washington Avenue
Albany, New York 12234-1000
Phone: 518-474-3817 ext. 140
Fax: 518-473-6282
E-mail: enginbd@mail.nysed.gov
E-mail: lsurvbd@mail.nysed.gov
Web: www.op.nysed.gov

Contents of this packet

1 - Form 5A - Application For Project Specific And 30 Day Limited Permit For Applicants Not Seeking Licensure In New York State

1 - PE Form 3 - Verification Of Out-Of-State Licensure, Registration and/or Examination (Professional Engineers)

1 - LS Form 3 - Verification Of Out-Of-State Licensure, Registration and/or Examination (Land Surveyors)
Application for Project Specific and 30 Day Limited Permit for Applicants Not Seeking Licensure in New York State

Applicant Instructions

A Project Specific Limited Permit (solely in connection with a single specified project) may be issued to a professional engineer legally qualified to practice as a professional engineer in his/her own state or country, where the applicant is not a resident of New York State and does not have an established place of practice in New York State. A project specific limited permit is subject to the same registration and revocation restrictions as a license.

1. Complete all portions of this form (5A) and mail with the appropriate fee to the address listed at the end of this form. The fee for a Project Specific Permit is $347.

2. Complete Form 3 and Form 6. Refer to the instructions on each form.

A 30 Day Limited Permit may be issued to a professional engineer or land surveyor legally qualified to practice as a professional engineer or land surveyor in his/her own state or country, where the applicant is not a resident of New York State and does not have an established place of practice in New York State. Limited permit holders are permitted to practice for no more than 30 days in any calendar year.

1. Complete all portions of this form (5A) and mail with the appropriate fee to the address listed at the end of this form. The fee for a 30 Day Limited Permit for Professional Engineering or Land Surveying is $105.

2. Complete Form 3. Refer to the instructions on Form 3.

*Please note: Limited Permits are issued to individual licensees, not business entities, according to Section 7207 of Education Law.

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<th>1</th>
<th>Check what you are applying for:</th>
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<td>□ Project Specific Limited Permit</td>
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8. Are you licensed in another state, country or jurisdiction? If yes, what jurisdiction?
   □ Yes  □ No

   Profession
   License Number
   Jurisdiction

   Profession
   License Number
   Jurisdiction

9. Have you previously applied for New York State licensure in any profession?
   □ Yes  □ No

   If "yes", in what profession(s)? _______________________________________________________________

10. 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?
    □ Yes  □ No

11. Are criminal charges pending against you in any court?
    □ Yes  □ No

12. 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?
    □ Yes  □ No

13. Are charges pending against you in any jurisdiction for any sort of professional misconduct?
    □ Yes  □ No

    NOTE: If you answer "Yes" to any questions numbered 10-13, submit a letter giving a complete detailed explanation. Include copies of any court
    records including a Certificate of Disposition. 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.

14. Permit Information

   A. Please provide a brief description of the project and scope of practice anticipated under the limited permit.
      (Attach additional sheets if necessary.)

   B. Client name

   Project Address

   City
   State
   Zip Code

   C. Project Duration: Specific dates of anticipated practice.
      Practice begins: _______ / _______ / _______ and ends: _______ / _______ / _______
      mo. day yr. mo. day yr.

15. 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
Citizenship/Immigration Status:

Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner’s regulation, you must 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 am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify: _______________________________________
☐ J. I do not reside in the United States.

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

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.

Child Support Obligation

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.
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. This form must be signed and dated in the presence of a Notary Public.

Signature of the applicant: ______________________________________________________________________________________

Date __________ / __________ / __________

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
THE UNIVERSITY OF THE STATE OF NEW YORK
OFFICE OF THE PROFESSIONS
DIVISION OF PROFESSIONAL LICENSING SERVICES
www.op.nysed.gov

NOTE: Licensure or registration in another jurisdiction is not a requirement for licensure in New York.

VERIFICATION OF OUT-OF-STATE LICENSURE, REGISTRATION AND/OR EXAMINATION
(Must be filed by all applicants who are or have been licensed in another jurisdiction or want to verify passing parts of the licensing examination in another state)

Applicant Instructions
Complete Section I. Be sure to sign and date item 8.

A. Verification of Examination(s) for Licensure
• If you are applying for admission to the Principles and Practice Examination and have passed the Fundamentals Examination in another jurisdiction, send this form to that jurisdiction and request that they complete Section II and forward directly to the address at the end of this form*.
• If you are applying for licensure on the basis of endorsement of your examination grades, send this form to the jurisdiction(s) where you took and passed the licensing examination(s) and to the jurisdiction where you are currently licensed and registered and ask that they complete Section II and send directly to the address at the end of this form*.

B. Verification of Licensure/Registration for a Limited Permit.
• If you are applying for a Limited Permit, complete Section I and send this form to the jurisdiction where you currently reside and are legally qualified to practice and ask they complete Section II and send directly to the address at the end of this form*.

* Be sure to include any fee required by the licensing authority.

Section I: Applicant Information

1 Print Full Name As It Appears On Your Application for Licensure (Form 1)
   Last
   First
   Middle

2 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

3 Social Security Number

4 Birth Date
   Month   Day   Year

5 I am applying for: (check one) ☐ NYS license ☐ Limited Permit

6 If licensed by examination in the United States, give state or territory: ________________________________

7 Print or type your name in the exact form in which the engineering license was issued:

   __________________________________________________________

8 To the Engineering State Board of:

   __________________________________________________________

   Check Appropriate boxes:

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

   ☐ I am a licensed Engineer of your state. License number: ___________________________ Date issued: _____ / _____ / ______

   mo. day yr.

   I request and give permission to the licensing authority above to complete the information on this form and send any documentation requested, including that requested on this form, to the New York State Education Department.

   ___________________________ / _____ / ______
   Applicant's Signature

   mo. day yr.
Section II: Certification of Licensure/Examination

Instructions to Licensing Authority Official: Complete Section II, sign this form, and mail it directly to the Office of the Professions at the address at the end of this form.

1. Print or type the name of the applicant in the exact form in which engineering registration was issued: (If different from name in Section I)

2. Record of Examination
   a. For Fundamentals of Engineering: (Check One)
      - Written Examination in your state.
      - Hours ________ Grade ________ Date ________ / ________ / ________
      - NCEES exam? Yes No
      - Endorsement of examination taken in another state or territory.
      - Waiver of written examination based on: (Check all that apply)
        - Accredited engineering degree.
        - Oral examination. Hours ________ Date ________ / ________ / ________
        - Demonstrated proficiency in engineering over a period of ________ years.
        - Other (Specify): ___________________________________________________________________________________
   b. For Principles and Practice of Engineering: (Check One)
      - Written Examination in your state or territory. Discipline: __________________________________________________________________________
      - Hours ________ Grade ________ Date ________ / ________ / ________
      - NCEES exam? Yes No
      - Endorsement of examination taken in another state or territory State or territory: __________________________________________________________________________
      - Waiver of written examination based on: (Check all that apply)
        - Oral examination. Hours ________ Date ________ / ________ / ________
        - Demonstrated proficiency in engineering over a period of ________ years.
        - Other (Specify): ___________________________________________________________________________________

3. a. If the applicant holds a current license to practice engineering in your state, what is his/her:
   - License number __________________________ Date issued ________ / ________ / ________
   - Expiration date of most recent registration ________ / ________ / ________
   b. Was there ever any disciplinary action against this license? Yes No
      - If so, please explain ___________________________________________________________________________________
   c. Are any disciplinary charges pending against this license? Yes No
      - If so, please explain ___________________________________________________________________________________

4. Attestation
   I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, other than those listed above or in attached correspondence, 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 to the licensing authority relating to any question of unprofessional or immoral conduct except as noted in question 3 above.
   - Signature ______________________________________________________________ Date ________ / ________ / ________
   - Print name ____________________________________________________________
   - Title __________________________________________________________________
   - Agency ________________________________________________________________ (Licensing Authority Seal)
   - Address ______________________________________________________________
   - Telephone __________________________ Fax number _________________________
   - E-mail ________________________________________________________________

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

Professional Engineering Form 3, Page 2 of 2, Rev. 12/14
# VERIFICATION OF OUT-OF-STATE LICENSURE, REGISTRATION AND/OR EXAMINATION

(Must be filed by all applicants who are or have been licensed in another jurisdiction or want to verify passing parts of the licensing examination in another state)

## Applicant Instructions

Complete Section I. Be sure to sign and date item 8.

### A. Verification of Examination(s) for Licensure

- If you are applying for admission to the Principles and Practice Examination and have passed the Fundamentals Examination in another jurisdiction, send this form to that jurisdiction and request that they complete Section II and forward directly to the address at the end of this form*.
- If you are applying for licensure on the basis of endorsement of your examination grades, send this form to the jurisdiction(s) where you took and passed the licensing examination(s) and to the jurisdiction where you are currently licensed and registered and ask that they complete Section II and send directly to the address at the end of this form*.

### B. Verification of Licensure/Registration for a Limited Permit.

- If you are applying for a Limited Permit, complete Section I and send this form to the jurisdiction where you currently reside and are legally qualified to practice and ask they complete Section II and send directly to the address at the end of this form*.

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### Section I: Applicant Information

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<th>I am applying for: (check one) NYS license Limited Permit</th>
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<th>If licensed by examination in the United States, give state or territory:</th>
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<th><strong>7</strong></th>
<th>Print or type your name in the exact form in which the engineering license was issued:</th>
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<th><strong>8</strong></th>
<th>To the Land Surveying State Board of:</th>
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**Check Appropriate boxes:**

- I hereby make application for the transfer of examination grades and related information.
- I am a licensed land surveyor of your state. License number: Date issued: mo. day yr.

I request and give permission to the licensing authority above to complete the information on this form and send any documentation requested, including that requested on this form, to the New York State Education Department.

Applicant's Signature

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**NOTE:** Licensure or registration in another jurisdiction is not a requirement for licensure in New York.
Section II: Certification of Licensure/Examination

Instructions to Licensing Authority Official: Complete Section II, sign this form, and mail it directly to the Office of the Professions at the address at the end of this form.

1. Print or type the name of the applicant in the exact form in which engineering registration was issued: (If different from name in Section I)

2. Record of Examination
   a. For Fundamentals of Land Surveying: (Check One)
      □ Written Examination in your state.
      Hours _______ Grade _______ Date _______ / _______ / _______.
      NCEES exam? □ Yes □ No
      □ Endorsement of examination taken in another state or territory.
      □ Waiver of written examination based on: (Check all that apply)
      □ Accredited land surveying degree.
      □ Oral examination. Hours _______ Date _______ / _______ / _______.
      □ 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 state. Discipline: ____________________________
      (If more than one part or grade, list separately on an attached sheet.)
      Part _______ Hours _______ Grade _______ Date _______ / _______ / _______.
      NCEES exam? □ Yes □ No
      □ Endorsement of examination taken in another state or territory NCEES exam? □ “Colonial” □ “Public Domain”
      □ Waiver of written examination based on: (Check all that apply)
      □ Oral examination. Hours _______ Date _______ / _______ / _______.
      □ Demonstrated proficiency in land surveying over a period of _______ years.
      □ Other (Specify): __________________________________________________________________________

3. a. If the applicant holds a current license to practice engineering in your state, what is his/her:
   License number __________________________ Date issued _______ / _______ / _______.
   Expiration date of most recent registration _______ / _______ / _______.
   □ Yes □ No
   □ Was there ever any disciplinary action against this license?
   If so, please explain __________________________________________________________________________
   □ Yes □ No
   □ Are any disciplinary charges pending against this license?
   If so, please explain __________________________________________________________________________

4. Attestation
   I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, other than those listed above or in attached correspondence, 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 to the licensing authority relating to any question of unprofessional or immoral conduct except as noted in question 3 above.
   Signature __________________________________________ Date _______ / _______ / _______.
   Print name __________________________________________
   Title __________________________________________
   Agency __________________________________________ (Licensing Authority Seal)
   Address __________________________________________
   Telephone __________________________ Fax number __________________________
   E-mail __________________________________________

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.