

STATE OF ALABAMA
BOARD OF LICENSURE FOR
PROFESSIONAL ENGINEERS AND LAND SURVEYORS

APPLICATION
FOR
PROFESSIONAL LAND SURVEYOR LICENSURE

Board Use Only
File No. _____
Date _____
Lic. No. _____
Date _____

Important - All information **must be typed** and all questions must be answered. Copies of the application cannot be accepted. The application, instructions and associated forms can be completed and/or printed from our web site - www.bels.alabama.gov

The application, \$50 application fee, all references, experience verification forms, transcripts (if applicable) and verifications of the fundamentals of land surveying and the principles and practice of land surveying exams **must be received by January 15 for the April exam or July 1 for the October exam**. If you hold a NCEES record, complete questions 1-15, 20 and 22-23.

1. Full Legal Name _____ Mr _____ Ms _____

2. Addresses (furnish both addresses and indicate preferred mailing address with an "X" in the appropriate box)

Residence: _____ (_____) _____
Telephone No.

Firm Name: _____ (_____) _____
Telephone No.

Firm Address: _____

Email Address: _____ Most of the correspondence pertaining to your application will be sent by email. To receive email from the Board, add bonnie.kelly@bels.alabama.gov to your address book, as a safe sender.

3. Date of birth ____/____/____ 4. U.S. Social Security No. ____ - ____ - ____

5. **LS examinations: Part I (FS), Part II (PS), & Part III (Alabama History & Law) are required.**

Indicate below which exam (Parts II and/or III) _____ and date of exam for which you are applying _____ (See Dates and Deadlines on web page). List the State(s) where you passed FS, PS or other exams under question 6.

Have you failed the PS exam in another state? If yes, what state & number of times _____ Yes No

6. Indicate Alabama or other jurisdictions where you passed the FS, PS and other exams - see page 3 of the instructions

FS: State _____ Exam date: _____ LSIT No. _____

PS: State _____ Exam date: _____ PLS No. _____

7. State of first PS Licensure _____ Date _____ Current to ____/____/____

8. Other States in which you are licensed _____

9. Do you hold a current NCEES Record? _____ Contact NCEES to have your record sent

(Affirmative answers to questions 10-15 must be explained under Question 20)

10. Has your name changed since birth? Yes No

11. Have you previously filed a PE or PS application with this Board? Yes No

12. Have you ever been denied licensure in any State or Territory? Yes No

13. Have you ever been disciplined or do you have any complaints pending against you in any jurisdiction? Yes No

14. Do you currently have criminal charges pending? Yes No

15. Have you ever been convicted, plead guilty, placed on probation, had adjudication withheld, accepted pre-trial diversion for a felony or misdemeanor? If so, answer yes even if you understood the conviction was expunged or dismissed and would not be reported. Yes No

Master File _____

16. Undergraduate/Graduate Record Name _____
List all universities in the order you attended. Transcripts are required of all applicants.
If you are applying by comity as a non-graduate, skip question 16.

University and Location	No. of Years Attended	Entrance Date	Leaving Date	Degree & Curriculum Obtained	Board Use Only

You must contact the University and have your transcripts showing your degree sent directly to the Board Office from the University - we do not have a form for this request.

If you are certified as a Land Surveyor Intern in Alabama, your transcript should be on file, unless an additional degree has been obtained.

17. Experience Record (Read Instructions Carefully Before Completing This Section)

Engagement Number	Date From (mo & yr) To (mo & yr)	The experience record should begin after graduation from a university or the first employment after high school, whether or not it was land surveying experience. All time must be accounted for, including military time, illness, unemployment, etc. List engagements in chronological order, experience after college or high school as No. 1. For each engagement, list experience in the following format: (1) Title of Position (2) Name of Firm and City and State where employed (3) Description of experience (one line is not sufficient) detailing, in first person, the work you personally performed in land surveying in the areas of field experience including boundary, office experience and record research experience and indicating the time you spent in each. Columns A-D under Surveying Experience should be completed for each engagement. Column D should be the Total of columns A, B and C. This work should be progressive and should include boundary. If an engagement was part time work, indicate part time and the number of hours you worked per week. Experience must be started on the application form first. If you need to use additional pages, please number accordingly. Experience cannot be anticipated. You must have the required experience when the application is submitted. You must send a verification (V-2) form to your PLS supervisor or associate for each surveying engagement listed below that can be verified.	Non-Surveying Experience (List	Surveying Experience			
				List Number of Months			
				A	B	C	D
				Field Experience	Office Experience	Record Research Experience	Total Surveying Experience
(Total Surveying Time may not exceed Total Calendar Time)			Total Months				

17. Continuation of Experience Record

Name _____

Engagement Number	Date From (mo & yr) To (mo & yr)	For each engagement, list experience in the following format: (1) Title of Position (2) Name of Firm and City and State where employed (3) Description of experience (one line is not sufficient) detailing, in first person, the work you personally performed in land surveying in the areas of field experience including boundary, office experience and record research experience and indicating the time you spent in each. Columns A-D under Surveying Experience should be completed for each engagement. Column D should be the Total of columns A, B and C. This work should be progressive and should include boundary. If an engagement was part time work, indicate part time and the number of hours you worked per week.	Non-Surveying Experience (List	Surveying Experience			
				List Number of Months			
				A	B	C	D
				Field Experience	Office Experience	Record Research Experience	Total Surveying Experience
(Total Surveying Time may not exceed Total Calendar Time)			Total Months				

Name _____

18. Verification of Land Surveying Experience - An Experience Verification form must be sent to each person listed below. List only your land surveying engagements from Question 17 (experience record) that can be verified by a PLS. **Engagement Number and Company name of Employer should correspond with the Experience Record.** If engagement cannot be verified, do not list in this section but explain under 21. Your PLS supervisor or associate must have been licensed prior to the time being verified.

Engagement Number	Company Name of Employer	Name of PLS Endorser	PLS Supervisor	PLS Associate	Endorser's State of PLS Licensure	Your Months Surveying Experience	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	

(duplicate this section if necessary and attach) Total Surveying Experience Verified

Do Not Write
in this column
For
Board Use
Only

19. References - A Reference (R-2) form must be sent to those listed below
List names and addresses of five references who have personal knowledge of your character and professional reputation. Three of your five references must be licensed Professional Land Surveyors who have personal knowledge of your surveying experience. You may use your PLS supervisors.

Name	Address	State of PLS Licensure
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE TO APPLICANT: You are to send the experience verification forms and the reference forms to the individuals listed above along with an envelope for them to return the forms to you. The envelopes should be sealed and signed across the back flap. **DO NOT OPEN** the sealed envelope. You are to collect the sealed envelopes and submit along with your application.

Name _____

20. Explanation of affirmative answers for questions 10 through 15 on page one. (Attach sheets if necessary)

Response for Question 10

Previous name _____ Reason changed _____

Response for Question 11

Previously filed application was:

Denied on _____ Deferred on _____ Closed on _____ (fail to pass exams)

Licensed as _____ License Number _____ Date Expired _____

Response for Question 12

Denied licensure in the State of _____ when _____

basis for denial _____

Response for Question 13

Disciplined/Pending Complaints in the State of _____ when _____ basis of disciplinary action/charges

_____ outcome _____

Response for Question 14

Charges pending

Date of offense _____ Offense _____ Felony or Misdemeanor _____

Response for Question 15

Criminal Action

Date of offense _____ Offense _____ Felony or Misdemeanor _____

Action taken: Fine _____ Probation _____ Jail _____ Case Dismissed _____ Case Still Pending _____ Other _____

Have you lost your civil rights? _____. If yes, have they been restored and the date they were restored? _____

(restoration of civil rights documents must be submitted with the application)

21. Explanation for Question 18 Verification of Experience - **(Why experience cannot be verified)**

List engagement number and explanation

22. **CITIZENSHIP DECLARATION**

The Alabama immigration law requires proof of US citizenship or legal presence in order to become licensed.



Please select the appropriate citizenship or legal presence status below and provide legible documentation that shows proof of the status you selected. Click [here](#) for a list of acceptable documents.

_____ I am a United States citizen.

_____ I am an alien, legally present in the United States.

23. **AFFIDAVIT CERTIFICATION, AUTHORIZATION AND RELEASE**

State of _____

County of _____

_____, being
(Applicant's Name)

first duly sworn, deposes and says:

I, the applicant named in this application, have read the contents hereof, and to the best of my knowledge and belief the statements contained in this application are true in substance and effect and are made in good faith and I hereby subscribe to and agree to conform with the Rules of Professional Conduct set forth in the Administrative Code, Rule 330-X-14. In accordance with Administrative Code Section 330-X-3-.01(5) withholding information, misrepresentation, or untrue statements will be cause for denial of application.

I also hereby authorize any individual, company or institution with whom I have been associated to furnish the Alabama State Board of Licensure for Professional Engineers and Land Surveyors with any information concerning my qualification for professional licensure in Alabama which they have on record or otherwise, and do hereby release the individual company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information. I understand that the Alabama Child Support Reform Act of 1997 requires that I provide a United States social security number for the purpose of administering the State child support program.

Subscribed and sworn to before me this

_____ day of _____, _____

(Signature of Applicant)

My Commission expires _____

(Signature of Notary Public)

(SEAL)

24. **Record of Board (Board Use Only)**

Board Action: _____

Exam Offerings-Grades

FLS _____

PLS _____

ALSS _____