

Professional Land Surveyor Application Instructions

What are the requirements?

- A minimum of 8 years of approved land surveying experience.
- You must have passed the LSIT exam.
- You must take and pass the NCEES 6-hour principles and practices of land surveying exam.
- If you are applying by comity, you must be currently licensed in another state.
- You must take and pass the Washington State 2-hour specific land surveyor's exam.
- You must take and pass the Washington Law and Ethics exam.

How do I apply for a Professional Land Surveyor license in Washington?

1. Send the fee and pages 2, 3 and 4 to the Board's address. Make checks or money orders payable to the **Washington State Treasurer (WST)**.
2. Complete the Experience Description/Verification forms, and send it to the person verifying the experience. The person verifying will send the forms directly to our office.
3. Request an official transcript be sent to our office if you want any education credited towards the requirements. Photocopies are not acceptable.
4. Send the license/examination verification to the state board where you took the fundamentals of land surveying (LSIT) exam, and if applicable, the principles and practice (PLS) exam. If you have taken and passed the LSIT exam in Washington State, do not complete this form.
5. Once you have been approved for the exam, you will receive:
 - a. A Law and Ethics exam that must be taken and passed before a license will be issued.
 - b. A letter containing information to schedule your exam with Engineering and Land Surveying Examination Services (ELSES). **Do not schedule with ELSES until you receive an approval letter from this board!**

Professional Land Surveyor Registration Application



FOR VALIDATION ONLY

Make check or money order payable to State Treasurer.
Send this application with your fee to:
PO Box 9048
Olympia, WA 98507-9048

Your wall certificate will have the same name you list on this application (they will appear in the proper order).

Applicant Information

Please type or print clearly

| | | | | |
|--|----------------|---|-----|--------|
| Applicant's name (Last, first, middle) | | maiden name (If any – will not appear on cert.) | | |
| Social Security no. (RCW26.23.150) | Birthdate | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male | | |
| Mailing address | City | State | Zip | County |
| Present position | Business name | | | |
| Business address | City | State | Zip | County |
| Business telephone no. () | E-mail address | Residence telephone no. () | | |

Have you filed an application with this office within the last 5 years? **Yes** **No**
If yes: EIT PE LSIT PLS Date Applied: _____

Previous and Current Registration

Written LSIT exam in the state of _____ Written PLS exam in state of _____

Number(s) and date(s) of original certificate(s): PLS No. _____ Date _____

LSIT No. _____ Date _____

PE No. _____ Date _____

Is certificate now in force in original state? **Yes** **No** If not, why? _____

Has any court or licensing jurisdiction taken action against you for your practice in engineering or land surveying?
If yes, please attach explanation on additional sheet. **Yes** **No**

Have you ever been convicted of or entered a plea of *nolo contendere* to any criminal offense?
If yes, please attach explanation on additional sheet. **Yes** **No**

Are you having an NCEES experience record sent? **Yes** **No**

Once filed, this application is a public record and is subject to public disclosure. RCW 42.56

Applicant's Name: _____



Educational Background

| NAME AND LOCATION OF COLLEGES, UNIVERSITIES, TECHNICAL SCHOOLS | DATES OF ATTENDANCE | | CURRICULUM | DEGREE/DATE |
|---|---------------------|----|------------|-------------|
| | FROM | TO | | |
| | | | | |
| | | | | |
| | | | | |

Land Surveyor References

Give names and addresses of five references (*not relatives*) who are responsible land surveyors, at least three of whom are registered professional land surveyors, having personal knowledge of your character and professional reputation.

| NAME | POSITION | ADDRESS/CITY/STATE | CERTIFICATE NO. |
|------|----------|--------------------|-----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Certification

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place _____ Signature **X** _____

Professional Land Surveyor Experience and Verification

Forms may be photocopied for additional events

Instructions for Applicant

After completing the work experience descriptions on the following pages, send the work experience descriptions and this form to the person verifying your land surveying experience for that period of time. Additional sheets may be attached, if needed, but please identify the categories (A-F) you are describing.

Work Experience Information – to be completed by applicant

Applicant's name _____

Verification no. (from page 4) _____

Employed by _____

Job title _____ Employed from _____ to _____

Supervisor/reference name and title _____

Supervisor/reference business address _____

City _____ State _____ Zip _____ Telephone no. () _____

Work Experience Descriptions – to be completed by applicant

Applicant's Name _____ Verification No. _____

Instructions - WAC 196-16-010 (2) requires eight years of broad based, progressive field and office experience in surveying work under the direct supervision of a person authorized by Chapter 18.43 RCW or other applicable statute to practice land surveying, of which a minimum of four years shall be in a position of making independent judgements and decisions under the general guidance and direct supervision of an authorized professional. This experience is broken down into six categories (A-F) for each event. When describing your experience for each event and applicable category, be specific about your contribution to land surveying projects. Avoid terms like "participated in", "involved with", or similar generalities. State your exact duties.

Describe your experience in

A. Applying state, federal, and case law.

Work Experience Descriptions – continued



Applicant's name _____ Verification no. _____

B. Exercising sound judgement when making independent decisions regarding complex boundary, topographic, horizontal and vertical control, and mapping issues.

C. Field identification and evaluation of boundary evidence, including monumentation and the ability to use that evidence for boundary determination.

D. Conducting research.

E. Preparing and analyzing complex property descriptions.

F. Interacting with clients and the public in conformance with Chapter 196-27A WAC.

Work Experience or Self-Employment Verification – To be completed by supervisor or self-employment reference

Applicant's Name _____

Verification No. _____

Instructions for Applicant's Supervisor/Reference

Upon completing your verification, please return this form and the attached work experience descriptions directly to the Board office at the above address.

Name of person completing this verification _____

If not applicant's supervisor for this verification, state your relationship _____

Do you agree with the applicant's employment time and hours worked? **Yes** **No**

If no, please explain _____

Do you agree with the applicant's description or work and duties? **Yes** **No**

If no, please explain _____

During this time of employment, has the applicant been responsible for making independent judgements and decisions?

Yes **No**

Would you recommend this applicant for registration if requirements are met? **Yes** **No**

In which categories (*A through F on the attached page*) do you believe the applicant is knowledgeable and prepared to be examined for admission to the profession? A B C D E F

If not a **licensed** land surveyor, under what authority are you practicing land surveying (*federal agency, county engineer, Dept. of Transportation, etc.*)? _____

Number of years of surveying experience _____

RCW 18.43.040 states that no person shall be eligible for registration as a land surveyor who is not of good character and reputation. If you have any comments concerning this requirement as it relates to this applicant, please advise the Board under separate cover.

X _____
SIGNATURE DATE

STREET ADDRESS

PROFESSIONAL REG. NUMBER STATE

CITY, STATE, ZIP

License or Exam Verification Request

TO: Board of Registration for Professional
Engineers & Land Surveyors
Post Office Box 9025
Olympia, WA 98507-9025

Name: _____
E-mail: _____
Address: _____

E-mail: npham@dol.wa.gov

FROM (state board & address):

_____ SSN: _____
Birthdate: _____

I: The above named person was certified or licensed as:

| | Certificate Number | Date Issued | Valid Until |
|---|-----------------------|----------------|----------------|
| <input type="checkbox"/> Engineer-in-Training | _____ | _____ | _____ |
| <input type="checkbox"/> Professional Engineer | _____ | _____ | _____ |
| <input type="checkbox"/> Structural Engineer | _____ | _____ | _____ |
| <input type="checkbox"/> Land Surveyor-in-Training | _____ | _____ | _____ |
| <input type="checkbox"/> Professional Land Surveyor | _____ | _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ | _____ | _____ |

II: Basis of licensure

| | | Hours | Results | NCEES | Exam Date |
|---|-----|-------|---------|-------|-----------|
| 1. <input type="checkbox"/> Written Exam | FE | _____ | _____ | _____ | _____ |
| | PE | _____ | _____ | _____ | _____ |
| | STR | _____ | _____ | _____ | _____ |
| | FLS | _____ | _____ | _____ | _____ |
| | PLS | _____ | _____ | _____ | _____ |

State Specific/Other: _____

Exam/Discipline _____

2. **Oral Exam** _____ Hrs. PE _____ Hrs. PLS

3. **FE/FLS Accepted From:** _____

PE/PLS Accepted From: _____

III. Questions

1. Has any disciplinary action ever been taken against this applicant? Yes No

2. If yes, has this disciplinary case been satisfied to the board's requirements? Yes No

If no, give details _____

3. Was the NCEES Cut-Score used? Yes No – If no, please explain _____

IV. Remarks

SEAL

By: _____ Title: _____