

Land Surveyor-In-Training Application Instructions

What are the Requirements?

A minimum of 4 years of approved land surveying experience.

How do I Get Enrolled as a Land Surveyor-In-Training?

- 1. Send the fee and pages 2 and 3 to the Board's address. Make checks or money orders payable to the Washington State Treasurer (WST).**
- 2. Complete the Experience Description/Verification forms (pages 3-6), and send them to the person verifying the experience. The person verifying will send the completed 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. Once you have been approved for the exam, you will receive a letter containing information to schedule your exam with Engineering and Land Surveying Examination Services (ELSES). Do not schedule with ELSES until you receive this letter.**
- 5. Take and pass the fundamentals of land surveying (LSIT) exam.**

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

Land Surveyor-In-Training 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).

Please type or print clearly

Applicant's name (<i>Last, first, middle</i>)		Maiden name (<i>if any – will not appear on certificate</i>)		
Social Security no. (<i>required per RCW 26.23.150</i>)	Birthdate	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
Mailing address	City	State	Zip	County
Present position	Business name			
Business location 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes: <input type="checkbox"/> EIT <input type="checkbox"/> PE <input type="checkbox"/> LSIT <input type="checkbox"/> PLS Date Applied: _____				

Educational Background

Name and location of colleges, universities, technical schools	Dates of attendance		Curriculum	Degree/Date
	From	To		

Has any court or licensing jurisdiction taken action against you for your practice in engineering or land surveying? Yes No

If yes, please attach explanation on additional sheet.

Have you ever been convicted of or entered a plea of *nolo contendere* to any criminal offense? Yes No

If yes, please attach explanation on additional sheet.

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

X

APPLICANT'S SIGNATURE

Land Surveyor-in-Training Experience and Verification

Forms may be photocopied for additional events

Instructions for Applicant

After completing the work experience descriptions on the following pages, send them and this form to your supervisor to verify your descriptions. Additional sheets may be attached if needed, but please identify the categories you are describing.

Work Experience Information – to be completed by applicant

LSIT verification no. _____

Applicant's name _____

Job Title _____

Employed by _____

Supervisor _____

Supervisor's business address _____

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

Dates of Employment: From _____ To _____

Work Experience Descriptions - to be completed by applicant

Instructions - WAC 196-21-020 (2) requires four years of broad based, progressive experience in the fundamental knowledge of surveying theory and practice under the direct supervision of a person authorized by RCW 18.43 or other applicable statute to practice land surveying. The experience may be education, work experience, or a combination of both in accordance with WAC 196-21-020. This experience is broken down into six categories (A-F). When describing your experience 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. Performing complex survey calculations.

B. Conducting boundary and corner research.



Work Experience Descriptions - continued

Describe your experience in

C. Preparing and using property descriptions.

D. Understanding and applying fundamental boundary and topographic principles.

E. Making and/or analyzing horizontal and vertical control measurements.

F. Being skilled in survey equipment care and usage.



APPLICANT'S NAME _____ LSIT 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.

Work Experience Verification – to be completed by supervisor

Name of person completing this verification _____

If not applicant's supervisor for this event, 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 of work and duties? Yes No

If no, please explain _____

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

Yes No

Would you recommend this applicant for LSIT status 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 as a Land Surveyor In Training? 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 in training 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