Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

Land Surveyor-In-Training Registration Application

[redacted]

23206-APPLICATIONS

To apply:

- You must have a minimum of 4 years approved land surveying experience or a combination of education and experience.
- Complete this form and send the signed application (page 1) and the Experience Record Summary (page 2) to: **Board of Registration for Professional Engineers and Land Surveyors, Department of Licensing, PO Box 9025, Olympia, WA 98507-9025**
- Send the Experience Description and Verification section (pages 3-5) to the person(s) verifying your work experience. The person verifying will send the completed form directly to our office.
- If you want any education considered towards the requirements, request an official transcript be sent to: **Board of Registration for Professional Engineers and Land Surveyors, Department of Licensing, PO Box 9025, Olympia, WA 98507**. Photocopies are not acceptable.
- Once you have been approved for an exam, you will receive an email with information to schedule your exam.

Applicant

PRINT or TYPE Name *(Last, First, Middle – will appear in the proper order on your wall certificate)*			Maiden name *(If any – will not appear on certificate)*
Social Security number required*	Date of birth *(mm/dd/yyyy)*		Gender ☐ Male ☐ Female
Mailing address			
City	State	ZIP code	County
Present position	Business name		
Business location address			
City	State	ZIP code	County
(Area code) Business telephone number	(Area code) Residence telephone number	Email	

Answer the following

1. Have you filed an application with this office within the last five years? . . . . . ☐ Yes ☐ No
   If yes, date applied _____ and application type: ☐ Engineer-in-Training ☐ Land Surveyor-in-Training ☐ Professional Engineer ☐ Professional Land Surveyor
2. Has any court or licensing jurisdiction taken action against you for your practice in engineering or land surveying? . . . . . ☐ Yes ☐ No
   If yes, please attach an explanation on additional sheet.
3. Have you ever been convicted of or entered a plea of guilty or *nolo contendre* to a misdemeanor, gross misdemeanor, or felony? . . . . . ☐ Yes ☐ No
   If yes, please attach an explanation on additional sheet.

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

*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it may result in denial of your application.

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 **When you have completed this form, please print it out and sign here.**
Applicant signature

Experience record summary

Applicant name _____

Please list all of your employers below beginning with the most recent. This list is to include the entire time from leaving college (if applicable) or beginning your land surveying career to the present time. Those periods while in school, unemployed, or non-land surveying work must also be included. If not verifying, indicate "No". Any experience not verified will not be counted towards the experience requirement.

Verification number	Time period (begin with most recent)		Employer	To be verified *(yes or no)*
	From *(mo-yr)*	To *(mo-yr)*		
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WASHINGTON STATE DEPARTMENT OF LICENSING

Land Surveyor-In-Training Experience and Verification

[redacted]

23206-APPLICATIONS

Instructions for applicant

Send the completed work experience descriptions and verification form (pages 3-5) to the person verifying your work experience. Additional sheets may be attached if needed, but please identify the categories you are describing. You may make photocopies for additional events.

Work experience information – applicant complete this section

Applicant name		Verification number *(from page 2)*
Employed by		
Job title	Dates of employment From To	Average hours per week
Supervisor/Verifier name and title		(Area code) Telephone number
Supervisor/Verifier business address		
City	State	ZIP code

Work experience descriptions – applicant complete this section

This experience is broken down into six categories (A-F) for each event. Describe experience (one line is not sufficient), detailing the work you personally performed. This work should be progressive in difficulty and magnitude, demonstrate sufficient breadth and scope, and reflect the acquired ability to apply land surveying principles to demonstrate that your judgment may be trusted on projects involving public health and safety.

Describe your experience

A. Performing complex survey calculations.

B. Conducting boundary and corner research.

Applicant name _____ Verification number _____

Work experience descriptions – continued

Describe your experience
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 name _____ Verification number _____

Verification instructions

After completing your verification, please return this form and the attached work experience descriptions (pages 3-5) to: **Board of Registration for Professional Engineers and Land Surveyors, Department of Licensing, PO Box 9025, Olympia, WA 98507**.

Work experience verification – supervisor/verifier complete this section. All sections must be completed.

1. If you are not the applicant's supervisor for this event, please explain your working relationship to the applicant and how you are able to provide this verification:

2. If you are not a **licensed** land surveyor, under what authority are you verifying experience? *(federal agency, county engineer, etc.)* _____ Years of land surveying experience you have _____

3. Describe your level of supervision over this applicant.

4. State your opinion regarding the accuracy of the applicant's employment time, hours worked, and descriptions of experience (categories A-F), including the scope and complexity of the work described.

5. During this time of employment, how long has the applicant been in a position of making independent judgments and decisions? _____years/months. Give a brief description of a typical project for which the applicant made independent judgments and decisions, and the character of the duties required by the project.

6. Explain why you think this individual is suited for licensure.

7. 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. Comment on the applicant's character, personal and professional reputation:

8. Were you registered as a professional land surveyor at the time you supervised the applicant? . . . . . ☐ Yes ☐ No

I hereby certify that the statements and answers contained in this verification regarding the person named as applicant are true and correct to the best of my knowledge.

PRINT Your name			Your title		
Address			City	State	ZIP code
Email address	License number	State	Issue date		Expiration date

_____
Date and place

X **When you have completed this form, please print it out and sign here.**
_____
Supervisor/Verifier signature

(Seal or stamp)

Please affix your stamp or seal in the space provided. If no seal or stamp is available, you may attach a copy of your current license.