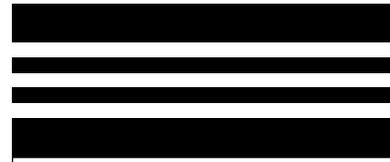




WASHINGTON STATE DEPARTMENT OF  
**LICENSING**

# Professional Land Surveyor Renewal Application



Renew your Professional Land Surveyor license.

Renew online: <https://professions.dol.wa.gov>

Or by mail this completed form with a check or money order, payable to the Department of Licensing, to:

**Board of Registration for Professional Engineers and Land Surveyors  
PO Box 3777  
Seattle WA 98124-3777**



For questions or language help call: (360) 664-1575

## Fees

\$116 for 2-year renewal

\$174 for late renewal (90 days after license expiration date)

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

\$0 self-print license online.

\$5 each. DOL print and mail license. Quantity \_\_\_\_\_ Total \$ \_\_\_\_\_

## Applicant information

PRINT or TYPE Name ( <i>Last, First, Middle</i> )		License number	
Mailing address			
City		State	ZIP code
(Area code) Contact phone number	Email		

## Certifications

Answer the following

- I have completed a total of 30 **professional development hours** within the last two years and understand the hours are subject to audit . . . . .  Yes  No
- I have read RCW 58.09 (Survey Recording Act) and WAC 332-130 (Minimum Survey Standards) within the last two years . . . . .  Yes  No

## Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

- Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? . . . . .  Yes  No
- Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) . . . . .  Yes  No

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

TYPE or PRINT Name

**X**

Applicant signature

Date and place

**Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.**