

Land Surveyor-In-Training Registration Application

Apply for a land surveyor-in-training certificate.

Online: www.dol.wa.gov/business/engineerslandsurveyors

Or complete this form and mail to:

(Official transcripts should also be sent here)

Board of Registration for Professional Engineers and Land Surveyors Department of Licensing PO Box 9025

PO Box 9025 Olympia, WA 98507-9025





You must have at least 4 years approved land surveying experience (or a combination of education and experience). You must also complete the **Land Surveyor-in-Training Experience and Verification** form.

Once we approve you, we will email you information on how to schedule your exam.

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

Applicant

Applicalit							
TYPE or PRINT Name as you would like it to a	ppear c	on your licen	ise				
Full legal name (First, Middle, Last)							
Social Security number* (or ITIN, Green Card, Canadian SIN)				Date of birth (mm/dd/yyyy)			
Military? (check if applicable)							
Current or former: ☐ Military m	embe	er \square M	ilitary spo	ouse or don	nestic partner	•	
Mailing address							
City				State	ZIP code	P code County	
(Area code) Phone number	Email	 ii					
,							
Answer the following							
Has any court or licensing jurisdi	ction	taken ad	ction agai	inst vou for	vour practice	in engineering	
or land surveying?			_	-			□ Yes □ No
If yes, please attach an explanati							
Dates of attendance				 			
Name and location of colleges, universities, technical schools attended		From	То	Curriculum		Degree/Date	
		110111	10	Curriculum	,urriculum Degree		
			1	1			1

^{*}You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

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 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. Time period (begin with most recent) Verification To be verified number From (mo-yr) To (mo-yr) Employer (yes or no) 1 2 3 4 5 6 7 8 9 10 I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

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

Applicant signature

TYPE or PRINT Name

Date and place