

Professional Land Surveying Application Instructions

PLEASE READ ALL OF THESE INSTRUCTIONS BEFORE COMPLETING YOUR APPLICATION.

APPLICATION FORM

Complete the entire application. The experience page must be completed as instructed. Resumes may be submitted but are not a substitute for the experience page. **NCEES RECORD HOLDERS:** If you are submitting an NCEES Record, you must complete only sections 1, 2, 3, 7 and 9 of the Application form and the ETHICS QUESTIONNAIRE. You do not need to submit additional references, transcripts, or verifications.

PROJECT STATEMENT

USE THE PROJECT STATEMENT FORM AVAILABLE ON THE WEBSITE Refer to 193C IAC 5.1(4) for the project statement criteria. Applicants for the Principles and Practice of Land Surveying examination must attach a project statement describing a project on which the applicant worked closely during the past 12 months and on which the applicant had responsibility. **Date and sign the project report.** (*This statement is not required of fundamentals of land surveying applicants or comity applicants.*)

TRANSCRIPT

Unless you are submitting an NCEES record or your transcripts are already on file with our office, you must have an **official transcript** from each college listed on your application **transmitted by the college registrar directly to the Board's office.** Transcripts from institutions outside the US and Canada must be evaluated for authenticity and ABET/EAC equivalency. The evaluation for such transcripts must accompany the application. Refer to 193C IAC 3.1(3)

REFERENCE FORMS

Refer to 193C IAC 5.1(5) for reference requirements for examination applications and 5.2(1) for reference requirements for comity applications. **Attach a copy of your experience record (as reported in Section 6 of the application) to each reference form before distributing.** Reference forms are to be returned to you in a sealed and signed envelope and are to be submitted with your application unopened.

VERIFICATION FORM

Applicants must verify that they have taken and passed the appropriate examination(s). **Applicants for licensure by comity may use the NCEES electronic verification**

system (linked on the Iowa board Website) to verify that they have passed the Principles and Practice of Land Surveying examination (PLS). ***This requirement does not apply if you are submitting an NCEES record.*** If the Fundamentals of Land Surveying examination was taken through another state board, it must be verified separately. **Applicants for the PLS examination must verify that they have taken and passed the Fundamentals of Land Surveying examination unless that examination was taken in Iowa.**

ETHICS QUESTIONNAIRE

All professional applicants must submit a completed Ethics Questionnaire. Applicants must receive a passing score on the questionnaire before the application is considered to be complete.

FEES

APPLICATION FEES ARE NOT REFUNDABLE FOR ANY REASON

Fundamental Examinations	\$0
Professional Examinations	\$100
Comity	\$150

CONFIDENTIALITY

CONFIDENTIALITY. Your application is a public record subject to public examination under Iowa Code chapter 22. Parts of the application are confidential by law, including your social security number, college transcripts, and examination scores. For more information, you may contact the Board office or consult the Bureau's fair information practices rules at 193 Iowa Administrative Code chapter 13. **MAKE COPIES FOR YOUR RECORDS BEFORE SUBMITTING TO THE BOARD.**

PRIVACY ACT NOTICE

Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 272J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Iowa Engineering and Land Surveying Examining Board

For Office Use Only

APPLICATION FOR LICENSURE IN

LAND SURVEYING

200 East Grand Avenue, Ste. 350, Des Moines, IA 50309
515/725-9021

Date Received

Application #:

1. GENERAL INFORMATION

Form with fields for Name, Date of application, Date of birth, State of legal residence, Home address, Business address, and exam type selection.

2. ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS

- Checkboxes and questions regarding felony convictions, disciplinary actions, and exam history.

3. PREVIOUS / OTHER LICENSURE

Table with 5 columns: Name of State, Year Licensed, How Licensed, License Number, Active or Lapsed.

4. REFERENCES

Give names and addresses of persons who have knowledge of your land surveying experience and reputation.

Refer to 193C IAC 5.1(5) for reference requirements for examination applications and 5.2(1) for reference requirements for comity applications. **Attach a copy of your experience record (as reported in Section 6 of the application) to each reference form before distributing.** Reference forms are to be returned to you in a sealed and signed envelope and are to be submitted with your application unopened.

	Name	Email	Phone #	Position
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			

5. EDUCATION

State in chronological order the name and location of each preparatory school, college, university, or technical school attended; the time spent at each; and if a graduate, the year of graduation.

Name(s) other than the one shown in Section 1 (i.e. maiden name) :

Name and Location of Institution	Years From - To	Date of Graduation	Course	Degree Received
Preparatory Education - High and Private School				
Engineering and/or Land Surveying Education				
Other College or University Work				

6. PROFESSIONAL EXPERIENCE

List in chronological order of employment. **Account for all time from receipt of degree to present. All gaps in employment must be explained.** If you have practiced both land surveying and engineering, **indicate the time devoted to land surveying and engineering surveying** in each place of employment. Attach additional copies of this page if necessary. Resumes are not a substitute for this page.

DATE Month & Year		Assignment or Engagement a. Position Title b. Name and Address of Employer c. Licensed Professional in Responsible Charge d. Description of Work - accurately, briefly, concisely - indicating character of work, degree of responsibility, and location of work.	Surveying Employment Indicate time spent in each of the activities listed below. (Years in decimals to tenths and percentages of total time)			
FROM	TO		*Field or Office Technician	Crew Chief in Charge of Engineering Surveys	Crew Chief in Charge of Land Surveying	Title Search, Description Writing, Computations

Time as Field or Office Technician (FS Experience).....Years

Time as Crew Chief in Charge of Engineering Surveys (FS Experience).....Years

Time as Crew Chief in Charge of Land Surveying (FS or PS Experience).....Years

Time in Title Search, Description Writing and Computations (FS or PS Experience).....Years

*Indicates employment as chainperson, rodperson, instrument person, draftsperson, etc.

7. AFFIDAVIT

STATE OF _____

AFFIDAVIT MUST BE
SIGNED AND NOTARIZED

COUNTY OF _____

I hereby swear (or affirm) that, to the best of my knowledge and belief, the foregoing information provided by me is true and correct in every respect. If I am an examination applicant, my signature on the line below authorizes release of my name on the list of passing candidates in the event that I pass the examination.

Subscribed before me this

_____ day of _____, _____

(Signature of Applicant – In blue ink)

My Commission expires _____

(Signature of Notary Public – In blue ink)

8. CHECK LIST FOR COMPLETENESS OF APPLICATION

For all applicants: Have you

- _____ included application fee?
- _____ submitted **original** application and kept a copy for your records?
- _____ ordered an official transcript(s) from your college(s) or university(s)?
- _____ notarized your signature in section 7?
- _____ submitted references if you have an experience requirement?
- _____ completed confidential information in section 9?

For comity applicants: Have you

- _____ submitted a completed ethics questionnaire?
- _____ completed the experience record including dates of employment (section 6)?
- _____ requested verification of your FLS and PLS Exams from your state(s) of examination(s), if other than Iowa?
- _____ included a copy of your experience record (section 6) attached to the reference form before distributing to references?
- _____ submitted 3 references, two of whom are licensed professional land surveyors in sealed envelopes with reference signature across the sealed flap?

Only for professional examination applicants: Have you

- _____ submitted a completed ethics questionnaire?
- _____ completed the experience record including dates of employment (section 6)?
- _____ requested verification(s) from your state(s) of examination(s), if other than Iowa?
- _____ included a copy of your experience record (section 6) attached to the reference form before distributing to references?
- _____ submitted 5 references, three of whom are licensed professional land surveyors in sealed envelopes with reference signature across the sealed flap?
- _____ submitted a **signed and dated** project statement?
- _____ included second employer/supervisor reference, if applicable?

_____ I am a veteran, as defined in Iowa Code section 35.1(2). I have attached documentation to verify my status as a veteran. Please consider my application under the veteran reciprocity provisions of 193 Iowa Administrative Code 14.3.

****** NOTICE ******

THIS PAGE WILL NOT BE ADDED TO YOUR FILE OR PART OF PUBLIC RECORD

9. CONFIDENTIAL INFORMATION

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 252J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Social Security number _____ - _____ - _____

Email : _____

Check or money order enclosed for payment \$ _____

Credit card payment \$ _____ VISA MasterCard Discover
(these are the only cards accepted)

* The charge will appear on your statement as Professional Licensing Bureau

Credit card number: _____ Expiration date: _____ / _____

X _____
Name of Cardholder (please print)

X _____
Signature