INSTRUCTION FOR PROFESSIONAL LAND SURVEYOR APPLICATION

APPLICATION FEE

• RI Resident Applicants:

Online Application:

- o Payment by credit card: \$100.00 plus \$4.20 enhanced access fee
- o Payment by electronic check \$100.00 plus \$1.50 enhanced access fee

Paper Application:

- Payment by check or money order: \$100.00
 Made payable to: General Treasurer, State of RI.
- Non-resident Applicants \$ 150.00

Online Application:

- o Payment by credit card: \$150.00 plus \$5.30 enhanced access fee
- o Payment by electronic check \$150.00 plus \$1.50 enhanced access fee

Paper Application:

Payment by check or money order: \$150.00
 Made payable to: General Treasurer, State of RI.

THESE FEES ARE NON-REFUNDABLE; NO EXCEPTIONS.

APPLICATION DEADLINE DATES:

The application and all required documentation as described on the following page must be received postmarked by:

- January 1 for the April examination
- August 1 for the October examination

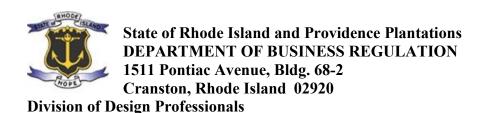
Applications received after these dates will be considered for the following exam administration.

The <u>filing</u> date of an application <u>must</u> be a minimum of Three (3) months <u>before</u> the deadline date to allow processing time.

READ THE FOLLOWING CAREFULLY:

SEVERAL of the steps in the process of completing applications are completely beyond the control of this Board. Consequently, the Board cannot make any determination whatsoever as to the length of time prior to the cut-off dates that your application form must be received in order that you may sit for the next corresponding examination.

ALL APPLICANTS MAY BE CALLED IN FOR AN INTERVIEW BEFORE THE BOARD TO FURTHER DISCUSS THEIR EXPERIENCE AND QUALIFICATIONS.



APPLICATION AND SUPPLEMENTARY FORMS TO BE COMPLETED:

1. APPLICATION

• The application form, itself, as executed by you must be complete and correct in every respect before it will be accepted.

2. EDUCATION VERIFICATION FORM (One for each degree):

- The Board requires the Education Verification Form be completed by the school.
- The Board requires an official transcript be sent in a sealed envelope for all degrees.
- The Board requires that those applicants whose degrees were earned at foreign institutions must have their education evaluated through NCEES credential evaluation services. http://ncees.org/credentials-evaluations/

NOTE:

The Board is particularly interested in an Associate or Bachelor of Science Degree in Land Surveying.

3. GENERAL REFERENCE FORM (Five - One for each reference listed in the application):

- The general references listed in the application cannot also be listed under Professional Experience.
- You are to send each of these five references one of the General Reference Forms with a stamped self-addressed envelope so that they can complete and return it to the applicant.

4. PROFESSIONAL EXPERIENCE FORM (One for each job held related to land surveying):

- For positions held regarding land surveying, send each of your previous/current employers the Professional Experience Form so that they can complete and return it to the applicant.
- Applicants must mail Professional Experience Forms to those they listed as professional experience on the application.

5. VERIFICATION OF REGISTRATION FORM (One for every state you are registered in as a professional land surveyor):

• For every state that you are currently registered in as a professional land surveyor, send each of state board the Verification of Registration Form so that they can complete and return it to the applicant.

6. PLS APPLICATION CORE CURRICULUM

• Every applicant must fill this form out. It is the applicant's responsibility to show the Board how their courses meet the Boards education requirements.

READ THE FOLLOWING CAREFULLY:

The Board must receive the completed application, verification of education and registration, and all general and professional reference forms before your application is reviewed or before the applicant may sit for the exam.

All the above required forms and documentation must be in sealed envelopes. Once the applicant has received all of the required forms and documentation, they must be submitted to the Board in

<u>one complete package</u>. Include a cover letter with the applicant's full name and address. If a state board or university will only send verification directly to the Board and not the applicant, include that information in the cover letter.

LSIT Number PLS Number ____

STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS

Department of Business
Regulation Division of Design
Professionals
1511 Pontiac Avenue, Building 68-2, Cranston, RI 02920
Phone (401) 462-9595
Fax (401) 462-9532
www.bdp.state.ri.us

APPLICATION FOR REGISTRATION AS A

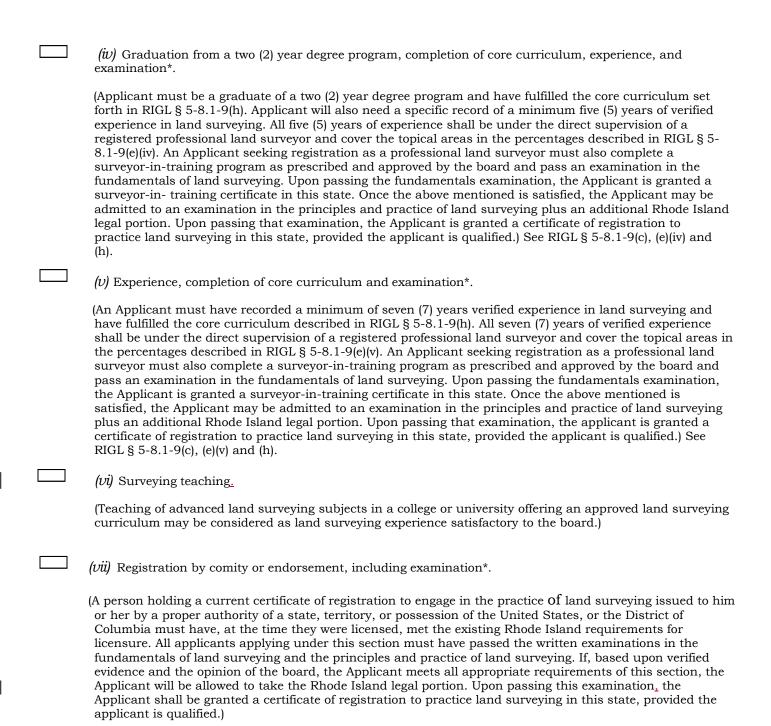
PROFESSIONAL LAND SURVEYOR

IMPORTANT: Do not fill out this application until you have read and understand this form and the enclosed "Instruction Sheet". This application must be <u>TYPEWRITTEN</u>.

APPLICATION FEE: \$100.00 (RIResident Applicants) \$150.00 (Out-of-State Applicants)

_	(D) NY 4 YYY 14 A4
	(Do Not Write Above This Line)
	I. CLASSIFICATION
\$1 A 1	am enclosing a check () or money order () for () \$100.00 (RI Resident Applicants), or () \$150.00 (Out-of-State Applicants) payable to General Treasurer, State of RI. Please check only one. ALL PPLICANTS MUST HAVE THEIR COLLEGE OR UNIVERSITY TRANSCRIPTS OF COURSES COMPLETED UBMITTTED DIRECTLY TO THE BOARD.
	(i) Graduation from a four (4) year survey degree program, experience and examination*.
	(Applicant must be a graduate of a four (4) year survey degree program and will need a specific record of a minimum four (4) years of verified experience in land surveying. This verified experience shall be under the direct supervision of a registered professional land surveyor and cover the topical areas in the percentages described in RIGL § 5-8.1-9(e)(i). An applicant seeking registration as a professional land surveyor must also complete a surveyor-in-training program as prescribed and approved by the board and pass an examination in the fundamentals of land surveying. Upon passing the fundamentals examination, the Applicant is granted a surveyor-in-training certificate in this state. Once the above mentioned is satisfied, the Applicant may be admitted to an examination in the principles and practice of land surveying plus an additional Rhode Island legal portion. Upon passing that examination, the Applicant is granted a certificate of registration to practice land surveying in this _state, provided the applicant is qualified.) See RIGL § 5-8.1-9(c) and (e)(i).
	(ii) Graduation from a four (4) year degree program, completion of core curriculum, experience and examination*.
	(Applicant must be a graduate of a four (4) year degree program and have fulfilled the core curriculum set forth in RIGL § 5-8.1-9(h). Applicant will also need a specific record of a minimum five (5) years of verified experience in land surveying. This verified experience shall be under the direct supervision of a registered professional land surveyor and cover the topical areas in the percentages described in RIGL § 5-8.1-9(e)(ii). An Applicant seeking registration as a professional land surveyor must also complete a surveyor-intraining program as prescribed and approved by the board and pass an examination in the fundamentals of land surveying. Upon passing the fundamentals examination, the Applicant is granted a surveyor-intraining certificate in this state. Once the above mentioned is satisfied, the Applicant may be admitted to an examination in the principles and practice of land surveying plus an additional Rhode Island legal portion. Upon passing that examination, the Applicant is granted a certificate of registration to practice land surveying in this state, provided the applicant is qualified.) See RIGL § 5-8.1-9(c), (e)(ii) and (h).
	(iii) Graduation from a two (2) year survey degree program, experience, and examination*.
	(Applicant must be a graduate of a two (2) year survey degree program and will need a specific record of a minimum five (5) years of verified experience in land surveying. This verified experience shall be under the

direct supervision of a registered professional land surveyor and cover the topical areas in the percentages described in RIGL § 5-8.1-9(e)(iii). An Applicant seeking registration as a professional land surveyor must also complete a surveyor-in-training program as prescribed and approved by the board and pass an examination in the fundamentals of land surveying. Upon passing the fundamentals examination, the Applicant is granted a surveyor-in-training certificate in this state. Once the above mentioned is satisfied, the Applicant may be admitted to an examination in the principles and practice of land surveying plus an



additional Rhode Island legal portion. Upon passing that examination, the applicant is granted a certificate

of registration to practice land surveying in this state, provided the applicant is qualified.)

See RIGL § 5-8.1-9(c) and (e)(iii).

• All Applications are subject to the examination requirements set forth in RIGL § 5-8.1-9(f) and (g).

II. GENERAL INFORMATION

1. Name_					Affix in this space an
	First	Middle	Last		unmounted, recognizable
*Please C	Check Mailing Addr	ess			recent photograph with
2. Reside	nce Address			*	face no less than 3/4
Reside	ence Phone				inches wide. Professional
3. Name	of Employer				passport type required.
Busine	ess Address			*	Do not use staples when
Busine	ess Phone			<u>—</u>	attaching photograph.
4. Date o	f Application			_	Paste or cellophane tape
5. Email	Address			_	
6. Date 8	น Place of Birth			_	may be used.
7.Citizen	of			_	
8.Social	Security #			_	

II. 9. Have you taken a LandSurveyor-in				(Continued) yes, give name	of state	(s), year 8	s certificate#_
10. Are you a registered Professional	Land Surveyo	or?	If y	yes, give name	of state	(s), registi	ration number
& expiration date(s)							
11. Have you ever had a registration r	efused or rev	oked or ha	d discip	linary action ta	ken in a	any state?	
If yes, attach a statement giving	full particula	rs.					
12. What is your present occupation	& position tit	le?					
13. Professional Surveying organizat	ions to which						
	II	I. EDUCA	TION				
1. Nature and extent of your education	on						
Name & Complete Address of Institu	tion	Years At	tended	Date of	Cot	urse	Degree
		From	То	Graduation	Com	pleted	Granted
A. High School							
B. Preparatory School							
· · · · · · · · · · · · · · · · · · ·							
O Oallana an Hairranitan							
C. College or University							
2. Identify surveying courses includ	ed in the edu	cation sho	wn abov	ve and any oth	er surve	eying cour	ses that you
have taken							
3. Please supply the Board with any	y additional ii	nformation	i, course	es or seminars	you hav	ve comple	ted that would
be helpful in the review of yourapplic	cation						
List your references below. Do not n		REFER			ee nart	ners or at	ny one listed it
Section V. Five references are require							
5-8.1-9(c). When you receive your							
delivered to your references by you, f is your responsibility to check with							
by the appropriate deadline.		incos unu			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 10tuino	u to the Bourt
NAME	ADDRESS					LICENSI	E # & STATE
1.							
2.							
3.							
4.							
5.							

V. EXPERIENCE RECORD

INSTRUCTIONS: **Do not fill out until you read and understand this section.** Show your most recent experience under Key 1 and work backward. Additional Key Numbers may be shown on a separate sheet. For each Key Number covering surveying experience, supplemental information MUST BE FURNISHED describing in a narrative manner, the surveying work performed by you. Supplemental information should include copies of field notes, calculations and plans made by you. All material should be typed on 8 1/2" x 11" sheets or folded to this size and signed by the applicant and the total weight should not exceed one pound. Select representative material within this limit. SUPPLEMENTAL INFORMATION CANNOT BE RETURNED.

Α	В	С	D	Е	F	G	Н	Ι	J
	Date From Mo. & 11.	Date To Mo. & Yr.	Total Elapsed Time Yrs. &	Length Surveying Work Field Yrs. & Mos	of Time Surveying Work Office Yrs. & Mos	Surveying Experience Yrs. & Mos	Title of Position (s)	Name of Employer	Name, address, zip code of your immediate supervisor. If not a Licensed Professional Land Surveyor (PLS), also furnish name & license number of PLS under whose supervision you were employed.
1									
2									
3									
4									
5									
6									

TOTAL			
IOTAL			

VI. AFFIDAVIT

(To be made before a Notary Public or other official qualified by law to administer oaths.)

The undersigned, being duly sworn, upon his oath deposes and says that the foregoing statements to the best of his knowledge and belief are true and made in good faith.

State of		Applicant's Signature
County of		
Ι,		, a Notary Public in and for said County, in the State aforesaid
DO HEREBY CERTIFY th	nat	personally known to me to be the same person
whose name is subscribe	ed to the foregoing	instrument, appeared before me this day in person, and acknowledged
that he signed, sealed ar	nd delivered the sai	id instruments as his free and voluntary act, for the uses and purposes
therein set forth.		
GIVEN under my hand th	his	day of
		Notary Public
		·
		My commission expires
	FC	OR OFFICE USE ONLY
Name of Applicant		Check No., Amount
Date(s) Considered by th	e Board	
Personal Interview Held _		
Land Surveyor-in-Train	ing Examination	given:
Date	State	Score
		LSIT Certification Number
Professional Land Surv	-	
Date		Score
Date		
Date		Score
Date	State	Score
Date		Score
Date	State	Score
Date PLS Certified	PLS C	Certification NumberCertificate Mailed
Secretary's Notes:		



Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law(RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, State Board of Registration for professional Engineers, 1511 Pontiac Avenue, Building 68-2, Cranston, RI 02920.

		Licensee Declaration			
0	I hereby declare, under penalty of pe	erjury, that I have filedall rec	uired	state tax returns and	
	have paid all taxes owed.				
0	I have entered a written installment	agreement to pay delinquent	taxes tl	nat is satisfactory to	
	the Tax Administrator.				
0	I am currently pursuing administrativ	e review of taxes owed to the	state.		
0	I am in federal bankruptcy. (Cases	#)		
0	I am in state receivership. (Case#	#)		
0	I have been discharged from Bankru	uptcy. (Case#)		
	Type of Professional License for which you are applying Full Name (Please Print or Type) Social Security Number (or FEIN if appropriate)				
		(or i Erry ir appropriate)			
Si	gnature	Phone Number (including area code if not 4	101)		
D	ate				

SUPPLEMENTAL INFORMATION FORM

PLEASE LIST EACH AND EVERY TIME THAT YOU HAVE TAKEN THE **FUNDAMENTALS OF LAND SURVEYING (LSIT)**, AND/OR THE **PRINCIPLES & PRACTICE OF LAND SURVEYING (PLS)** AND/OR THE **RI PLS PORTION** EXAMINATION(S).

COMPLETE ALL INFORMATION REQUESTED BELOW.

Applicant's name printed

EXAM	DATE	STATE	RESULTS (pass/fail)		
I have taken the Funda	mentals (LSIT) exam a to	tal oftime	es.		
I have taken the Profess	sional Land Surveyors (P	LS) exam a total of	times.		
I have taken the RI Prof	I have taken the RI Professional Land Surveyors Portion (PLS) exam atotal oftimes.				
	ed in this application an ents are true and correct		owledge and belief, the		
Applican	t's signature		Date		

Social Security Number

	Department of Business Regulation Division of Design Professionals 1511 Pontiac Avenue Building 68-2 Cranston, RI 02920 (401) 462-9595 (401) 462-9532 www.bdp.state.ri.us
APPLICANT : You must type/print name & address of refer information, this form cannot be processed,	rence person in the spaces above. Without this
Dear Sir or Madam:	
An application for a certificate of qualification as a PROFE	SSIONAL LAND SURVEYOR has been filed with
this Board by:	
Applicant's N	ame
The above-named applicant for examination/license has referred to you as one having personal knowledge of his/he	
Your prompt return of this Statement, duly completed, w application. Your Reference Statement will be treated Statement must be received in the Board office by	by the Board as confidential information. This
The State Board of Registration for Professional Land Survithe professional experience and good character of all applicatements by responsible persons with actual knowled applicant will be considered by the Board as meeting this professional considered by the Board as meeting the professional Land Survitation of the professional capture of the professional Land Survitation of the professional capture of the professional c	icants for license as Professional Land Surveyors. dge of the experience and qualifications of the
Practice in the profession of Land Surveying involves reladegree of honor, integrity and professional ability. The Surveyors trusts that when completing this Statement, yo to protect the public from the practice of Land Surveying such practice.	State Board of Registration for Professional Land ou fully understand that the purpose of the law is

Both the applicant and the Board will appreciate your cooperation in promptly furnishing the information requested.

PLEASE RETURN THIS STATEMENT DIRECTLY TO:

STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS
Department of Business Regulation, Division of Design Professionals
1511 Pontiac Avenue, Building 68-2, Cranston, RI 02920

Reference Form: PROFESSIONAL LAND SURVEYOR Page 1 of 2

STATEMENT OF ENDORSER: (NOT TO BE COMPLETED IN THE PRESENCE OF THE APPLICANT) Please type or print your response. Endorser may be requested to substantiate any statement made herein.

1. What is your business or profession?		
2. During what years did you know the applicant?)	
3. Are you related?If yes, how?		
4. Association with Applicant (check all that apply	y) a. EMPLOYER	b. SUPERVISOR
c. SUBORDINATEd. SOCIAL (COLLEAGUE	e. INSTRUCTOR
f. OTHER (Specify)		
5. Give your estimate of the applicant's character a	and business integi	rity
6. To your knowledge, does the applicant have pr description, etc. preparatory to the conveyance of l 7. To your knowledge, is the applicant adequately effectively perform the duties ordinarily required or	and? YesN informed of the ru	les of evidence and boundary law to
8. Do you feel the Applicant is qualified to be cer State/Jurisdiction? YesNo		·
9. Give additional information which you believe	•	o the Board in considering the
application.		
Signature		
Name (Print or type)		
Position		
Company		
Address		
Phone No		
Date		
If you are licensed, please fill in below:		
Licensed Professional Land Surveyor	Number	
Licensed Professional Engineer & Land Surveyor	Number	State

Reference Form: PROFESSIONAL LAND SURVEYOR Page 2 of 2

	Department of Business Regulation Division of Design Professionals 1511 Pontiac Avenue Building 68-2 Cranston, RI 02920 (401) 462-9595 (401) 462-9532 www.bdp.state.ri.us
APPLICANT : You must type/print name & address of information, this form cannot be processed,	f reference person in the spaces above. Without this
Dear Sir or Madam:	
An application for a certificate of qualification as a PI	ROFESSIONAL LAND SURVEYOR has been filed with
this Board by:	
Applicar	nt's Name
The above-named applicant for examination/license l referred to you as one having personal knowledge of l	has requested a Reference Statement from you and has his/her character and professional experience.
application. Your Reference Statement will be treat	ted, will greatly assist the Board when considering the ated by the Board as confidential information. Thisif applicant is to be considered for the
the professional experience and good character of all	I Surveyors is required by statute to obtain evidence of applicants for license as Professional Land Surveyors. nowledge of the experience and qualifications of the this provision of the law.
degree of honor, integrity and professional ability. Surveyors trusts that when completing this Statemen	s relationships with the public that necessitate a high The State Board of Registration for Professional Land nt, you fully understand that the purpose of the law is reying by persons who are not competent to engage in

PLEASE RETURN THIS STATEMENT DIRECTLY TO:

Both the applicant and the Board will appreciate your cooperation in promptly furnishing the information

STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS
Department of Business Regulation, Division of Design Professionals
1511 Pontiac Avenue, Building 68-2, Cranston, RI 02920

Reference Form: PROFESSIONAL LAND SURVEYOR Page 1 of 2

requested.

STATEMENT OF ENDORSER: (NOT TO BE COMPLETED IN THE PRESENCE OF THE APPLICANT) Please type or print your response. Endorser may be requested to substantiate any statement made herein.

1. What is your business or profession?		
2. During what years did you know the ap	pplicant?	
3. Are you related?If yes, how?		
4. Association with Applicant (check all the c. SUBORDINATEd. S f. OTHER (Specify)	OCIAL COLLEAGUE	e. INSTRUCTOR
5. Give your estimate of the applicant's ch	aracter and business integri	
6. To your knowledge, does the applicant description, etc. preparatory to the convey 7. To your knowledge, is the applicant adeffectively perform the duties ordinarily rec	rance of land? YesNo	es of evidence and boundary law to
8. Do you feel the Applicant is qualified to State/Jurisdiction? YesNo		nal Land Surveyor in this
9. Give additional information which you application.	•	the Board in considering the
Signature		
Name (Print or type)	_	
Position		
Company		
Address		
Phone No.		
Date		
If you are licensed, please fill in below:		
Licensed Professional Land Surveyor	Number	State
Licensed Professional Engineer & Land Su	rvevor Number	State

Reference Form: PROFESSIONAL LAND SURVEYOR Page 2 of 2

	Department of Business Regulation Division of Design Professionals 1511 Pontiac Avenue Building 68-2 Cranston, RI 02920 (401) 462-9595 (401) 462-9532 www.bdp.state.ri.us
APPLICANT : You must type/print name & address of reference per information, this form cannot be processed,	erson in the spaces above. Without this
Dear Sir or Madam:	
An application for a certificate of qualification as a PROFESSION	AL LAND SURVEYOR has been filed with
this Board by:	
Applicant's Name	
The above-named applicant for examination/license has requested referred to you as one having personal knowledge of his/her characteristics.	
Your prompt return of this Statement, duly completed, will great application. Your Reference Statement will be treated by the Statement must be received in the Board office by next scheduled examination.	
The State Board of Registration for Professional Land Surveyors is the professional experience and good character of all applicants for Statements by responsible persons with actual knowledge of applicant will be considered by the Board as meeting this provision	for license as Professional Land Surveyors. the experience and qualifications of the
Practice in the profession of Land Surveying involves relationship degree of honor, integrity and professional ability. The State Bo Surveyors trusts that when completing this Statement, you fully to protect the public from the practice of Land Surveying by per	pard of Registration for Professional Land understand that the purpose of the law is

Both the applicant and the Board will appreciate your cooperation in promptly furnishing the information requested.

PLEASE RETURN THIS STATEMENT DIRECTLY TO:

STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS
Department of Business Regulation, Division of Design Professionals
1511 Pontiac Avenue, Building 68-2, Cranston, RI 02920

Reference Form: PROFESSIONAL LAND SURVEYOR Page 1 of 2

such practice.

STATEMENT OF ENDORSER: (NOT TO BE COMPLETED IN THE PRESENCE OF THE APPLICANT) Please type or print your response. Endorser may be requested to substantiate any statement made herein.

1. What is your business or profession?		
2. During what years did you know the applicant?)	
3. Are you related?If yes, how?		
4. Association with Applicant (check all that apply	y) a. EMPLOYER	b. SUPERVISOR
c. SUBORDINATEd. SOCIAL (COLLEAGUE	e. INSTRUCTOR
f. OTHER (Specify)		
5. Give your estimate of the applicant's character a	and business integ	grity
6. To your knowledge, does the applicant have pr description, etc. preparatory to the conveyance of l	and? Yes	No
7. To your knowledge, is the applicant adequately effectively perform the duties ordinarily required of		
8. Do you feel the Applicant is qualified to be cer State/Jurisdiction? YesNo9. Give additional information which you believe	may be of service	to the Board in considering the
application.		
Circostano		
Signature		
Name (Print or type) Position		
Company		
Address_		
Phone No.		
Date		
If you are licensed, please fill in below:		
Licensed Professional Land Surveyor	Number	State
Licensed Professional Engineer & Land Surveyor	Number	

Reference Form: PROFESSIONAL LAND SURVEYOR Page 2 of 2

Di 15 Bu Cr (40	epartment of Business Regulation vision of Design Professionals 511 Pontiac Avenue ailding 68-2 canston, RI 02920 01) 462-9595 01) 462-9532 ww.bdp.state.ri.us
APPLICANT : You must type/print name & address of reference person information, this form cannot be processed,	n in the spaces above. Without this
Dear Sir or Madam:	
An application for a certificate of qualification as a PROFESSIONAL L this Board by:	AND SURVEYOR has been filed with
Applicant's Name	
The above-named applicant for examination/license has requested a referred to you as one having personal knowledge of his/her characters.	
Your prompt return of this Statement, duly completed, will greatly a application. Your Reference Statement will be treated by the Board office byif next scheduled examination.	
The State Board of Registration for Professional Land Surveyors is recthe professional experience and good character of all applicants for li Statements by responsible persons with actual knowledge of the applicant will be considered by the Board as meeting this provision of	icense as Professional Land Surveyors. experience and qualifications of the
Practice in the profession of Land Surveying involves relationships we degree of honor, integrity and professional ability. The State Board Surveyors trusts that when completing this Statement, you fully und	of Registration for Professional Land

Both the applicant and the Board will appreciate your cooperation in promptly furnishing the information requested.

to protect the public from the practice of Land Surveying by persons who are not competent to engage in

PLEASE RETURN THIS STATEMENT DIRECTLY TO:

STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS
Department of Business Regulation, Division of Design Professionals
1511 Pontiac Avenue, Building 68-2, Cranston, RI 02920

Reference Form: PROFESSIONAL LAND SURVEYOR Page 1 of 2

such practice.

STATEMENT OF ENDORSER: (NOT TO BE COMPLETED IN THE PRESENCE OF THE APPLICANT) Please type or print your response. Endorser may be requested to substantiate any statement made herein.

1. What is your business or profession?		
2. During what years did you know the applicant?)	
3. Are you related?If yes, how?		
4. Association with Applicant (check all that apply	y) a. EMPLOYER	b. SUPERVISOR
c. SUBORDINATEd. SOCIAL (COLLEAGUE	e. INSTRUCTOR
f. OTHER (Specify)		
5. Give your estimate of the applicant's character a	and business integ	grity
6. To your knowledge, does the applicant have pr description, etc. preparatory to the conveyance of l	and? Yes	No
7. To your knowledge, is the applicant adequately effectively perform the duties ordinarily required or		
 8. Do you feel the Applicant is qualified to be cer State/Jurisdiction? YesNo 9. Give additional information which you believe application 	may be of service	to the Board in considering the
Signature		
Name (Print or type)		
Position		
Company		
Address		
Phone No.		
Date		
If you are licensed, please fill in below:		
Licensed Professional Land Surveyor	Number	State
Licensed Professional Engineer & Land Surveyor	Number	State

Reference Form: PROFESSIONAL LAND SURVEYOR Page 2 of 2

Divisi 1511 Build Crans (401) (401)	rtment of Business Regulation ion of Design Professionals Pontiac Avenue ing 68-2 ston, RI 02920 462-9595 462-9532 bdp.state.ri.us
APPLICANT : You must type/print name & address of reference person in information, this form cannot be processed,	n the spaces above. Without this
Dear Sir or Madam:	
An application for a certificate of qualification as a PROFESSIONAL LAN this Board by:	ID SURVEYOR has been filed with
Applicant's Name	
The above-named applicant for examination/license has requested a Ref referred to you as one having personal knowledge of his/her character as	
Your prompt return of this Statement, duly completed, will greatly assi application. Your Reference Statement will be treated by the Board Statement must be received in the Board office by if apprext scheduled examination.	
The State Board of Registration for Professional Land Surveyors is requited the professional experience and good character of all applicants for licenstatements by responsible persons with actual knowledge of the exapplicant will be considered by the Board as meeting this provision of the	nse as Professional Land Surveyors. perience and qualifications of the
Practice in the profession of Land Surveying involves relationships with degree of honor, integrity and professional ability. The State Board of Surveyors trusts that when completing this Statement, you fully unders	Registration for Professional Land

Both the applicant and the Board will appreciate your cooperation in promptly furnishing the information requested.

to protect the public from the practice of Land Surveying by persons who are not competent to engage in

PLEASE RETURN THIS STATEMENT DIRECTLY TO:

STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS
Department of Business Regulation, Division of Design Professionals
1511 Pontiac Avenue, Building 68-2, Cranston, RI 02920

Reference Form: PROFESSIONAL LAND SURVEYOR Page 1 of 2

such practice.

STATEMENT OF ENDORSER: (NOT TO BE COMPLETED IN THE PRESENCE OF THE APPLICANT) Please type or print your response. Endorser may be requested to substantiate any statement made herein.

1. What is your business or profession?		
2. During what years did you know the applicant?)	
3. Are you related?If yes, how?		
4. Association with Applicant (check all that apply	y) a. EMPLOYER	b. SUPERVISOR
c. SUBORDINATEd. SOCIAL (COLLEAGUE	e. INSTRUCTOR
f. OTHER (Specify)		
5. Give your estimate of the applicant's character a	and business integ	grity
6. To your knowledge, does the applicant have pr description, etc. preparatory to the conveyance of l	and? Yes	No
7. To your knowledge, is the applicant adequately effectively perform the duties ordinarily required or		
8. Do you feel the Applicant is qualified to be cer State/Jurisdiction? YesNo9. Give additional information which you believe		
application.		
Signature		
Name (Print or type)		
Position		
Company		
Address		
Phone No.		
Date		
If you are licensed, please fill in below:		
Licensed Professional Land Surveyor	Number	State
Licensed Professional Engineer & Land Surveyor	Number	State

Reference Form: PROFESSIONAL LAND SURVEYOR Page 2 of 2



Bd. of Registration for Professional Land Surveyors

APPLICANT'S NAME & ADDRESS

1511 Pontiac Ave, Building 68-2 Cranston, RI 02920 (401) 462-9592 Fax: (401) 462-9532 www.bdp.state.ri.us

VERIFICATION OF PROFESSIONAL EXPERIENCE

To	orm directly to the appl	icant in a sealed envelope			
this Board. Please co Board when reviewing Information furn	omplete the requested infing the application. nished by references is for	application for a certificat formation below and furnis for the confidential use of the requested by other leg	h any additional info	rmation, which ma	y be of value to th
C		5. PROFESSIONAL EX		C	
DATES FROM TO	LOCATION	FIELD SURVEYING WORK (YRS. & MONTHS)	OFFICE SURVEYING WORK (YRS. & MONTHS)	RESPONSIBLE CHARGE (YRS.)	DESIGN (YRS./MONTHS)
List position and a b	rief description of duties	and responsibilities:			
_		ave responsible charge of in personal reputationare		_	
Remarks:					
PRINT NAME:	TURE:			LEPHONE NO.	
			DA	ТЕ:	-



Bd. of Registration for Professional Land Surveyors

APPLICANT'S NAME & ADDRESS

1511 Pontiac Ave, Building 68-2 Cranston, RI 02920 (401) 462-9592 Fax: (401) 462-9532 www.bdp.state.ri.us

VERIFICATION OF PROFESSIONAL EXPERIENCE

Please return this fo	orm directly to the app	licant in a sealed envelope	2.		
То:					_
	omplete the requested inf	application for a certificat formation below and furnis			
		or the confidential use of the requested by other leg			
		5. PROFESSIONAL EX	PERIENCE		
DATES FROM TO	LOCATION	FIELD SURVEYING WORK (YRS. & MONTHS)	OFFICE SURVEYING WORK (YRS. & MONTHS)	RESPONSIBLE CHARGE (YRS.)	DESIGN (YRS./MONTHS)
List position and a b	rief description of duties	and responsibilities:			
In your opinion is the	e applicant qualified to h	ave responsible charge of in	mportant Land Survey	ying work?	
In your opinion, the	applicant's character and	personal reputationare			
Remarks:					
AUTHORIZED SIGNA	TURE:		TEI	LEPHONE NO	
•					-
·			DA	ТЕ:	
ADDRESS:					



Bd. of Registration for Professional Land Surveyors

APPLICANT'S NAME & ADDRESS

1511 Pontiac Ave, Building 68-2 Cranston, RI 02920 (401) 462-9592 Fax: (401) 462-9532 www.bdp.state.ri.us

VERIFICATION OF PROFESSIONAL EXPERIENCE

To	orm directly to the appl	licant in a sealed envelope	<u> </u>		
this Board. Please co Board when reviewi	omplete the requested infing the application.	application for a certification below and furnis	h any additional info	rmation, which ma	y be of value to th
		or the confidential use of the			
		5. PROFESSIONAL EX	<u>PERIENCE</u>		
FROM TO	LOCATION	FIELD SURVEYING WORK (YRS. & MONTHS)	OFFICE SURVEYING WORK (YRS. & MONTHS)	RESPONSIBLE CHARGE (YRS.)	DESIGN (YRS./MONTHS)
List position and a b	rief description of duties	and responsibilities:			
_		ave responsible charge of in personal reputationare		_	
Remarks:					
	TURE:		TEI	LEPHONE NO.	
·			DA	ТЕ:	
BUSINESS:					



Bd. of Registration for Professional Land Surveyors

APPLICANT'S NAME & ADDRESS

1511 Pontiac Ave, Building 68-2 Cranston, RI 02920 (401) 462-9592 Fax: (401) 462-9532 www.bdp.state.ri.us

VERIFICATION OF PROFESSIONAL EXPERIENCE

To	огт штеспу то те арр	licant in a sealed envelope	<u></u>		
this Board. Please co Board when reviewi	omplete the requested inf ng the application.	application for a certificat formation below and furnis	h any additional info	rmation, which ma	y be of value to th
will not be divulged	except in special cases w	hen requested by other leg	ally authorized State	Boards of Registra	ation.
		5. PROFESSIONAL EX	PERIENCE		
DATES FROM TO	LOCATION	FIELD SURVEYING WORK (YRS. & MONTHS)	OFFICE SURVEYING WORK (YRS. & MONTHS)	RESPONSIBLE CHARGE (YRS.)	DESIGN (YRS./MONTHS)
List position and a b	rief description of duties	and responsibilities:			
In your opinion is th	e applicant qualified to ha	ave responsible charge of in	mportant Land Surve	ying work?	
In your opinion, the	applicant's character and	personal reputationare			
Remarks:					
AUTHORIZED SIGNA	TURE:		TEI	LEPHONE NO.	
			DA	ТЕ:	



Bd. of Registration for Professional Land Surveyors

APPLICANT'S NAME & ADDRESS

1511 Pontiac Ave, Building 68-2 Cranston, RI 02920 (401) 462-9592 Fax: (401) 462-9532 www.bdp.state.ri.us

VERIFICATION OF PROFESSIONAL EXPERIENCE

To	orm directly to the appi	licant in a sealed envelope			
this Board. Please co Board when reviewing Information furn	omplete the requested infing the application. nished by references is for	application for a certificat formation below and furnis or the confidential use of the requested by other leg	h any additional info he Board and the sou	rmation, which ma	y be of value to th
		5. PROFESSIONAL EX	<u>PERIENCE</u>		
DATES FROM TO	LOCATION	FIELD SURVEYING WORK (YRS. & MONTHS)	OFFICE SURVEYING WORK (YRS. & MONTHS)	RESPONSIBLE CHARGE (YRS.)	DESIGN (YRS./MONTHS)
List position and a b	rief description of duties	and responsibilities:			
_		ave responsible charge of in		_	
Remarks:					
	TURE:		TEI	LEPHONE NO	
POSITION:			DA	те:	



Bd. of Registration for Professional Land Surveyors

APPLICANT'S NAME & ADDRESS

1511 Pontiac Ave, Building 68-2 Cranston, RI 02920 (401) 462-9592 Fax: (401) 462-9532 www.bdp.state.ri.us

VERIFICATION OF PROFESSIONAL EXPERIENCE

Т.,	orm directly to the appi	icant in a sealed envelope	·		
Board. Please comp Board when reviewing Information furn	lete the requested informing the application. This is the distribution of the control of the co	application for a certificate nation below and furnish a confidential use of the requested by other leg	any additional inform the Board and the sou	nation, which may	Surveyor with this be of value to the of this information
		5. PROFESSIONAL EX	<u>PERIENCE</u>		
DATES FROM TO	LOCATION	FIELD SURVEYING WORK (YRS. & MONTHS)	OFFICE SURVEYING WORK (YRS. & MONTHS)	RESPONSIBLE CHARGE (YRS.)	DESIGN (YRS./MONTHS)
List position and a br	rief description of duties	and responsibilities:			
_		ave responsible charge of in personal reputationare		_	
Remarks:					
	TURE:		ТЕІ	LEPHONE NO	
POSITION:			DA	те:	

PLS Application Core Curriculum – Application Supplement

If applying for a PLS License pursuant to R.I. Gen. Laws § 5-8.1-9(e)(iv) or (v), you must complete this form to identify how your courses comply with the core curriculum requirements set forth in *R.I. Gen. Laws* § 5-8.1-9(h).

Surveying (6 Credits) Surveying I or equivalent, Surveying II or equivalent. Courses must cover topics of GPS & geodetic control and boundary adjustment computations.	Course Name	Number of Credits
Mathematics (9 Credits) Qualifying courses: Algebra, trigonometry, pre-calculus, or higher.		
Business and Law (6 Credits) Qualifying courses: boundary law, contract law, property law, trusts and estates, professional ethics, quantitative business analysis I, business administration, small business management, micro economics, accounting principles, or related courses.		
Science (9 Credits) Qualifying courses: physics, geology, astronomy, soils, dendrology, chemistry, biology, or ecology.		

Computer Usage (3 Credits)	
Qualifying courses: introduction to	
computer, computer science,	
computer programing, AutoCad	
basics, AutoCAD advantage,	
geographic/land information systems,	
introduction to spreadsheets, or word	
processing.	
English Composition (6 Credits)	
English composition II, technical	
writing, creative writing, or speech.	