



7. Bus. Phone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Res. Phone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Cell Phone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

8. Are you a U.S. citizen? Yes  No  If not, please attach documentation of legal status.

9. Birthplace City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

10. Have you passed the FS examination? Yes  No  State \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Certification Number \_\_\_\_\_ Computer Based Test? Yes  No

11. Have you passed the PS examination? Yes  No  State \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

License Number \_\_\_\_\_ Computer Based Test? Yes  No

12. Have you previously applied for certification or licensure as an SI or PLS in North Carolina? Yes  No

13. Have you previously applied for licensure in any other jurisdiction and been denied? \*\*\*Yes  No

14. Have you ever been disciplined on any professional license? \*\*\*Yes  No

15. Have you ever been convicted of a felony? (If yes, provide proof of restoration of civil rights.) \*\*\*Yes  No

16. Have you ever been convicted of a misdemeanor? (Do not include minor traffic violations.) \*\*\*Yes  No

\*\*\* If yes, give date and details on a separate page labeled addendum. If the answer to any of these questions changes to "Yes" prior to the Board issuing the license, you must update your application.

## B. Comity

Are you applying for comity? Yes  No

*Licensure by comity is granted only to applicants licensed by examination.*

Do you have an NCEES Council Record? Yes  No  Date sent to NC Board \_\_\_\_/\_\_\_\_/\_\_\_\_

Number \_\_\_\_\_

**C. Evidence of Experience**

List experience (EVEN THOUGH IT IS NOT CLAIMED AS SURVEYING), beginning from the date of graduation to present with all months to fall consecutively in time, NO GAPS.

Date Month & Year MM/YY		Experience listing in following format: 1. a. Title of Position b. Name and address of employer c. Description of work: Accurately and concisely indicate character of work and degree of responsibility. If you desire to amplify your work record, use more than one Evidence of Experience form.	Total time of each surveying employment		Name and address of an individual, preferably a Professional Land Surveyor, thoroughly familiar with each employment and to whom the applicant reported, or with whom the applicant was associated (If licensed, indicate "PLS" after name).
From	To	Experience	Years	Months	Reference

From	To	Experience	Years	Months	Reference

From	To	Experience	Years	Months	Reference
<b>TOTAL SURVEYING TIME</b>					

***In accordance with Chapter 89C of the General Statutes of North Carolina, I certify to the above record of experience, and hereby apply for licensure as a Professional Land Surveyor. I have read and do subscribe to the Rules of Professional Conduct and believe that a violation of any of these Rules by a Professional Land Surveyor is justifiable cause for revocation of licensure.***

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Signature of Applicant

**D. Evidence of Education**

*Applicant to request transcript be sent directly to Board. High school transcript not required where evidence of higher surveying degree, or other equivalent curricula, is provided.*

	<b>Name of Institution City and State</b>	<b>Dates of Attendance</b>	<b>Date of Graduation</b>	<b>Curriculum</b>	<b>Degree or Certificate</b>
<b>High School</b>					
<b>Community College</b>					
<b>Universities</b>					

**E. Required References**

*References should be individuals familiar with your work, character and reputation (excluding family members and current Board members), and to whom you have distributed Reference Forms. The burden of proving good character is the responsibility of the applicant. For PLS licensure, five (5) references are required, three (3) of which must be Professional Land Surveyors. The applicant must send a Reference Form to each person listed below.*

	<b>Names and Addresses of References</b>	<b>If PLS, state of licensure</b>
1.		
2.		
3.		
4.		
5.		

**F. Affidavit**

*To be attested before a Notary Public or other official authorized to administer oaths.*

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before the undersigned, a Notary Public in and for \_\_\_\_\_ County and State aforesaid, came \_\_\_\_\_, a resident of \_\_\_\_\_ County in the State of \_\_\_\_\_ known to me as the person herein described, whose photograph appears on this application for licensure, and subscribing hereto, as having signed the Application Form attached hereto, and on oath deposes and says that the statements made herein are true.

Signature of Applicant \_\_\_\_\_

(Notary Seal)  
\_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_,

Signature of Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_