

PLS Comity Initial _____
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PROFESSIONAL LAND SURVEYOR APPLICATION FOR NC STATE SPECIFIC REEXAMINATION

Applications must be typed Do not type in all caps

All applicants must take the two hour NC state specific examination. Please select the desired exam period (check the calendar on the Board web site for specific dates). ____ January ____ April ____ July ____ October

General Information

1. Full Legal Name

LAST FIRST MIDDLE SUFFIX MAIDEN

Board records, wall certificate and your seal will reflect first name, middle initial, and last name unless another preference is indicated below:

2. Birth Date ____/____/____ SSN ____-____-____ E-mail _____

3. Physical Residence Address _____
City _____ State _____ Zip _____-

4. Business Name _____

5. Physical Business Address _____
City _____ State _____ Zip _____-

6. Preferred Mailing _____

7. Bus. Phone ____-____-____ Res. Phone ____-____-____ Cell Phone ____-____-____