PAPER APPLICATION INSTRUCTIONS – FOR PROFESSIONAL ENGINEER OR PROFESSIONAL SURVEYOR LICENSE BY COMITY, ORIGINAL, OR REINSTATEMENT


- Your application will only be considered if these instructions are followed and after all documents contained in this packet are received and verified by Board staff. Applications needing Board action may take a couple of months before they are acted upon as they will be placed on the agenda of the next Board meeting. Meetings are held in January, March, May, July, September, and November.

- It is your responsibility to complete the forms as indicated and where applicable, forward to the appropriate parties.

1. **Application** – 2 pages typed.

2. **Education Verification** – Submit each degree to be considered as part of your qualifications. A transcript is required for non-engineering/surveying related degrees or additional courses you wish to be considered. NOTE: Surveyor applicants using non-surveying related degrees as a basis for qualifications must provide a transcript. **(COMITY applicants see ***).**

3. **Exam Verification** – Verification of licensure and exam(s) passed (outside of Arkansas), may be requested through your MYNCEES account or creating a MyNCEES account at https://account.ncees.org/ **(COMITY see ***).**

4. **References** – NOTE Reference sheets for each application type are enclosed so choose carefully. Five (5) that are less than one year old are required. Three (3) must be from Professional Engineers (if PE applicant) or Surveyors (if PS applicant) licensed and in good standing in any state or jurisdiction, who are familiar with your work (not relatives or members of this Board). **(COMITY applicants see ***)**

5. **Work Experience** – NOTE Work Experience sheets for each application type are enclosed so choose carefully. The Members are not familiar with your work and can only judge and evaluate your qualifications based upon the information you provide. Start your experience with Engagement 1 at age 18 or high school graduation. **ALL TIME SINCE AGE 18 OR HIGH SCHOOL, INCLUDING COLLEGE AND NON-PROFESSIONAL RELATED EXPERIENCE, MUST BE INCLUDED. (COMITY applicants see ***)**

6. **Fees** – Application fees are Payable to PELS Fund. All fees shall be non-refundable unless waived by Board action and must be received before the application will be reviewed. Exam fee(s), if approved, you’ll receive instructions for payment.

7. **Notice to All Applicants for Arkansas License Reinstatement or Comity Licensure** – Answer the 4 questions, sign the form and send with your application.

*****Comity (based upon another State’s license)**

- NCEES Council Record holders:
  - ask NCEES (800-250-3196) to transmit your Record to Arkansas;
  - Complete Forms 1, 6, and 7; ignore 2, 3, 5, and if your references are less than 1-year old, ignore 4 also.
- Applicants without a Record – complete 1-7 above.
- Submit – $200 Application Fee with application **PS applicants – after approval** – AR State Specific Exam Fee $100.00.

**Original (by exam)**

- Complete – Items 1-6 above
- Submit – $75.00 Application Fee with application **PS applicants – after approval** – AR State Specific Exam Fee $100.00.

**Reinstatement of AR PE or PS license (more than 2 years Non-Renewed)**

- Complete – Forms 1, 4, 5, 6, and 7. Start Item 5 at date of original AR License (contact Board office for date).
- Submit – Reinstatement Fees PE $260 OR PS $220 (reinstate $100 plus 2 years renewal and late penalties PE $160, PS $120).
APPLY AND SUBMIT PAYMENT ELECTRONICALLY ONLINE AT https://pelslicensing.arkansas.gov!

APPLICATION FOR LICENSE

A. Indicate application type choose either a. b., or c.:
   a. Professional Engineer (PE) based upon □ – Comity OR □ – Original
   b. Professional Surveyor (PS) based upon □ – Comity OR □ – Original
   c. Reinstatement □ AR PE License #:_________ OR □ AR PS License #:_____________

B. Comity applicant, Do you have an NCEES Council Record?: No □ Yes □ Council ID #: __________

GENERAL INFORMATION

1. Name: First: _____________________ Mid: _________________ Last: ____________________ Suffix: ___________
   Previous name used (if applicable): ________________________

2. Social Security #: ______ – ______ – ______

3. Date of Birth: ______/______/______

4. Primary Phone: (_____)_______– _______ Ext: ________ Secondary Phone: (_____)______– ________ Ext: _____
   Fax: (_____)________– _________ E-Mail: ______________________@___________________

5. Address Type (check one): Home: □ Other: □ School: □ Work: □
   a. If Address Type is Other or School, enter Name: ___________________________________
   b. If Address Type Work, enter Company Name: __________________________________________
   c. Address, suite/apt #: ___________________________________________________________ Bldg./Floor (if applicable): _________

6. ___Please indicate if you or your spouse is active duty military service or if you or your spouse is within one (1) year of discharge from active duty. (A.C.A. 17-1-106)

COLLEGE EDUCATION

<table>
<thead>
<tr>
<th>STATE (XX)</th>
<th>NAME (of institution)</th>
<th>FROM (YYYY)</th>
<th>TO (YYYY)</th>
<th>GRADUATION DATE (MM-YYYY)</th>
<th>DEGREE RECEIVED (i.e. BS, MS Other)</th>
<th>MAJOR (i.e. CE, ME)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Board Use Date Rec’d:

Applicant type: □ Licensee
Application #: __________
Receiver Initials: __________
Type: Reason for payment:
□ Mail in Payment from PELS
□ Paper Application and Payment
Type Payment: □ Cashier’s Check □ Company Check
□ MO (Money Order) □ Personal Check □ Temp Check
Payment Identifier: __________
Total Payment: $75, $200, $220, $260
Receipt Type(s):
Application PE or PS Original $ 75.00 Comity $200.00
Reinstatement fee – from Non-Renewed Status $100.00
Renewal – PE $80.00 + Late (61+ days after) $80 $160.00
Renewal – PS $60.00 + Late (61+ days after) $60 $120.00
REFERENCES

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________

EXAMS

1. I'm requesting a waiver of an exam based upon an exemption as outlined in Article 8 of the Rules of the Board:
   No ☐ Yes ☐ I request that the ________________________ Exam be waived because: ____________________________________________

2. Registering for a new test?: No ☐ Yes ☐ in the following Discipline: _____________________________

3. Test(s) Taken:
   Fundamentals of Engineering (mm/yyyy): ________ / __________, State (xx): _____, EI #: ________
   Principle & Practice of Engineering for first license (mm/yyyy): ________ / __________, State (xx): _____, PE #: ________
   Fundamentals of Surveying (mm/yyyy): ________ / __________, State (xx): _____, SI #: ________
   Principle & Practice of Surveying for first license (mm/yyyy): ________ / __________, State (xx): _____, PS #: ________

CHARACTER ISSUES – Responses of “Yes” to questions 1 - 6 below must be explained on line 7.

1. Have you ever filed an application with this Board for any purpose (includes Engineer or Surveyor Intern)? No ☐ Yes ☐
2. Have you been denied Licensure in any State(s) or Territory(ies)? No ☐ Yes ☐ State: ________ Date: _________
3. Have you ever been convicted of a crime (felony or misdemeanor, except traffic violation)? No ☐ Yes ☐
4. Have you ever been charged with a crime (felony or misdemeanor, except traffic violation), the disposition of which was other than by acquittal or dismissal? No ☐ Yes ☐
5. Have you ever been disciplined by another licensing Board(s) that resulted in some type of enforcement action (such as probation, letter of caution, letter of reprimand, censure, monetary penalty, license revocation, etc.) regardless of whether the enforcement action was ordered or agreed to? No ☐ Yes ☐
6. Any disciplinary action, complaint or enforcement action pending against you by another licensing board? No ☐ Yes ☐
7. Affirmative answer explanations for questions 1 through 6 above: ____________________________________________
   ____________________________________________
   ____________________________________________

CERTIFICATION BY SIGNATURE – I do hereby certify that I have read the Rules of the Board and by submitting this application I agree to be bound by the Acts of Arkansas, Rules of the Board and that a violation of any of the above could be the basis for revocation of my license.

Signature: ________________________________________ Date: _____ / _____ / _______
Print Name: ______________________________________
NOTICE TO ALL APPLICANTS FOR
AR LICENSE REINSTATMENT OR COMITY LICENSURE

Name: First: _____________________ Mid: _________________ Last: ____________________ Suffix: ___________

Indicate application type:  ☐ Professional Engineer (PE) – Comity  ☐ Professional Surveyor (PS) – Comity  ☐ Reinstatement of AR license: PE #: _____ OR PS #: ______

The following 4 questions should be answered in detail **LEAVE NO QUESTION BLANK.** Sign, date and print your name then the completed form may be emailed to pelsboard@arkansas.gov

1. Detail the reason you wish to become licensed OR reinstated in Arkansas.
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

2. Information regarding any project in Arkansas on which you may have performed engineering or surveying services as a subordinate or employee of another licensed Professional Engineer (PE) or Surveyor (PS). Please provide the name of the PE or PS in charge and Arkansas license #. If reinstating, this includes work performed during the period your Arkansas license was not active.
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

3. The current project or projects in Arkansas on which you contemplate performing engineering or surveying services if the information is not confidential.
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

4. The status of plans, reports, or plats on any project in Arkansas for which you have been retained as the engineer or surveyor.
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

**CERTIFICATION** — I do hereby certify that: I have not and will not offer to practice, contract for, nor provide engineering or surveying services prior to licensure; and that doing so would be a violation of the Laws Of The State Of Arkansas (A.C.A. §17-30-102 Engineering, OR §17-48-201 Surveying) and The Rules of the Arkansas State Board of Licensure for Professional Engineers and Professional Surveyors; and I acknowledge that anyone violating the above shall be subject to disciplinary action in accordance with Article 16.

Signature: _______________________________________________ Date: _____ / _____ / ____
Print Name: ___________________________________
COLLEGE VERIFICATION:

Part A – Applicant, contact the Registrar’s Office regarding any processing fees, complete Part A and forward the form to them with a postage paid envelope addressed to PELS, PO Box 3750, Little Rock, AR 72203-3750.

Printed Name: First: _____________________ Mid: ______________ Last: ____________________ Suffix: ________

Previous name used (if applicable): ________________________ Social Security #: ____–____–____

Date of Birth:  ____/____/____

I am applying for a license with the Arkansas State Board of Licensure for Professional Engineers and Professional Surveyors (hereinafter referred to as the “Board”) and hereby authorize any individual, company or institution to furnish the Board or any of its employees with any information requested on or by this form or to answer any questions or inquiries from Board employees, and do hereby release the individual company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

Signature: _______________________________________________ Date: ______/______/______

College Attended: _______________________________________________.

Dear Registrar, I attest to receiving the following Degrees and ask for your verification:

<table>
<thead>
<tr>
<th>Degree</th>
<th>Graduation Date</th>
<th>Major</th>
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<tbody>
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</table>

Part B – Registrar, please check your records to verify the accuracy of educational record(s) stated above and complete the box below. Your cooperation in this matter is appreciated and the completed document may be emailed, faxed, or mailed to the address at the top of the form.

Registrar Completes:

Correct: ☐ If not, enter correction: ______________________

Registrar’s Signature: ______________________

Printed Name: ______________________

Phone: (____)____-______, Ext: ________

Date: ______________________
BOARD VERIFICATION

TO: AR Board of Licensure For PE's & PS's
    P.O. Box 3750
    Little Rock, AR 72203-3750
VERIFYING BOARD:
    ADDRESS:
    CITY, STATE, ZIP:

APPLICANT INSTRUCTIONS: contact the verifying Board(s) regarding any processing fees. Complete PART A: and
PART B: I.1. LICENSURE, by selecting the license(s) you need verified, entering your license number(s), then forward
the form to the Board(s).

PART A: Printed Name: First: ___________________ Mid: ____________ Last: __________________ Suffix: _____
SSN: ____-_____-_______ Date of Birth:____-_____-_______ Phone: (_____)_____-________
Address: _________________________________ City: _____________________ State: ________ Zip: ________

PART B: Licensing Board/Entity, please complete the following then Email, fax, or mail the document to the Board.

I. LICENSURE: THE ABOVE-NAMED PERSON:
1. Is/was licensed as:
   i. ( ) ENGINEER INTERN
   ii. ( ) PROFESSIONAL ENGINEER
   iii. ( ) SURVEYOR INTERN
   iv. ( ) PROFESSIONAL SURVEYOR
2. Has this individual maintained continuous licensure?  Yes ☐ No ☐ If no, please explain: ___________________
   __________________________________________________________
II. BASIS OF LICENSURE:
1. ( ) EXAMINATION
   FE ______ Score ______ NCEES ______ Discipline ______ State ______ Date ______
   PE ______ Score ______ NCEES ______ Discipline ______ State ______ Date ______
   FS ______ Score ______ NCEES ______ Discipline ______ State ______ Date ______
   PS ______ Score ______ NCEES ______ Discipline ______ State ______ Date ______
   STATE SPECIFIC/OTHER: ______________________ Score ______ NCEES ______ Discipline ______ State ______ Date ______
2. ( ) FE/FS ACCEPTED FROM: ______________________________________________________
3. ( ) PE/PS ACCEPTED FROM: ______________________________________________________
4. ( ) Was the NCEES cut score Used? Yes ☐ No ☐ If no, please explain: __________________________
   __________________________________________________________
5. ( ) Were veteran preference points applied to the score? No ☐ Yes ☐ If yes, please explain: __________
   __________________________________________________________
III. OTHER ISSUES – has applicant: 1. Ever been denied licensure? No ☐ Yes ☐
2. Had any past or has any pending disciplinary actions? No ☐ Yes ☐
3. Please explain any “Yes” answers to questions 1-2 and provide supportive documentation: ________________
   __________________________________________________________
IV. REMARKS: ________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
VERIFYING BOARD NAME:_____________________
Place Board BY: _______________________________
Seal Here TITLE: _______________________________
DATE: ______/_____/______
PROFESSIONAL ENGINEER Reference – Applying for PE ☐ Original ☐ Comity ☐ Reinstatement

PART A. APPLICANT INSTRUCTIONS: Complete PART A and ask your reference/respondent to complete PART B.

1. Name: First: ___________________ Mid: _______________ Last: _______________ Suffix: ________
2. Address, suite/apt. #: _____________________________________________ Bldg/Floor (if applicable): _________
3. City: ____________________ State: _______________ Phone: (_____)________–_________
4. Respondent’s Name: ______________________________________________
5. Respondent’s Job Title: ______________________________________________
6. Respondent’s Phone # (_____)____– ______ Email Address: __________________@________________
7. Respondent’s State of PE Licensure: ___________________________
8. Have you and the Reference been employed by, or been members of the same firm? No ☐ Yes ☐ if Yes:
   a. Enter dates (MM-YYYY format) From: ____-______ To: ____-______
   b. Name of Firm: ______________________________________________________________
   c. Your Position at the time: _________________________________________________________________
   d. City: _____________________________ State: _____________________________
   e. Respondent’s Position: __________________________________________________________________

PART B. RESPONDENT: If you are a P.E. reference, verification of current Licensure with evidence of *Expiration Date must accompany this form. Email, fax, or mail the completed document to the address at the top of the form.

1. Have you known each other in other circumstances? No ☐ Yes ☐ If yes, where? _____________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
2. Is the above information correct as stated? Yes ☐ No ☐ If no, please explain: ______________________________
   __________________________________________________________________________________________
   __________________________________________________________
3. How long have you known the applicant? __________________________________________________________
4. Please define the applicant’s character and reputation __________________________________________________
5. What is your business relationship to the applicant?____________________________________________________
6. Do you have personal knowledge of the applicants engineering work? No ☐ Yes ☐ if Yes, using these definitions, rate the quality of the applicant's engineering work and performance:
   Above Average: Professional level demonstrating thorough competence and creative ability.
   Average: Adequate for engineering purposes indicating an ability, under some supervision, to produce workable designs of systems and products.
   Below Average: Needs close supervision and careful checking to meet requirements.
   Unsatisfactory: Not up to minimum professional standards, requires review and revision by associates or supervisors before execution, inadequate for "the purpose of safeguarding life, health and property".
   Type of Practice Above Average Average Below Average Unsatisfactory
   Major Design ☐ ☐ ☐ ☐
   Responsible Charge ☐ ☐ ☐ ☐
   Other Engineering Work ☐ ☐ ☐ ☐
7. Would you employ the applicant on a project where his/her decisions would be final? No ☐ Yes ☐ Why? _________
   __________________________________________________________________________________________
8. The following is my evaluation of the applicant’s ability as an engineer ______________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

Respondent Signature: __________________________________ Print Name: __________________________________
Signature Date: _____/_____/_______ If Professional Engineer – list State: _______________ Lic #: __________
Expiration date: _____/____/____
PROFESSIONAL SURVEYOR Reference – Applying for PS ☐ Original ☐ Comity ☐ Reinstatement

PART A. APPLICANT INSTRUCTIONS: Complete PART A and ask your reference/respondent to complete PART B.

1. Name: First: ___________________ Mid: _______________ Last: _______________ Suffix: ________
2. Address, suite/apt. #: _____________________________________________ Bldg/Floor (if applicable): _________
3. City: ____________________ State: _______________ Phone: (_____)________–_________
4. Respondent’s Name: ___________________________________________________________________________
5. Respondent’s Title: _______________________________________________________________________________
6. Respondent’s Phone # (_____)____– ______ Email Address: ________________________@______________
7. Respondent’s State of PS Licensure: ___________________________
8. Have you and the Reference been employed by, or been members of the same firm? No ☐ Yes ☐ if Yes:
   a. Enter dates (MM-YYYY format) From: ____-____ To: ____-____
   b. Name of Firm: ______________________________________________________________
   c. Your Position at the time: ____________________________________________________________
   d. City: _____________________________ State: _____________________________
   e. Respondent’s Position: __________________________________________________________________

PART B. RESPONDENT: If you are a P.S reference, verification of current Licensure with evidence of *Expiration Date must accompany this form. Email, fax, or mail the completed document to the address at the top of the form.

1. Have you known each other in other circumstances? No ☐ Yes ☐ If yes, where? ____________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
2. Is the above information correct as stated? Yes ☐ No ☐ If no, please explain: ______________________________
   ____________________________________________________________________________________________
3. How long have you known the applicant? ______________________________________________________________
4. Please define the applicant’s character and reputation. ___________________________________________________
5. What is your business relationship to the applicant? _____________________________________________________
6. Do you have personal knowledge of the applicant’s surveying work? No ☐ Yes ☐ if Yes, using these definitions, rate quality of the applicant’s surveying work and performance:
   Above Average: Professional level demonstrating thorough competence and creative ability.
   Average: Adequate for surveying purposes indicating an ability, under some supervision, to produce workable plats
   Below Average: Needs close supervision and careful checking to meet requirements.
   Unsatisfactory: Not up to minimum professional standards, requires review and revision by associates or supervisors before execution, inadequate for “the purpose of safeguarding life, health and property”.

<table>
<thead>
<tr>
<th>Type of Practice</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unsatisfactory</th>
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<tbody>
<tr>
<td>Parcel Boundary Surveys</td>
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<tr>
<td>Subdivision surveys</td>
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<td>Plat drafting</td>
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<td>Boundary research</td>
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<tr>
<td>Other Boundary surveying work</td>
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</tbody>
</table>
7. Would you employ the applicant on a project where his/her decisions would be final? No ☐ Yes ☐, why? __________

8. The following is my evaluation of the applicant’s ability as a surveyor: _______________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

Respondent Signature: __________________________________ Print Name: _________________________________
Signature Date: ______/_____/______ If Professional Surveyor – list State: __________________ Lic #: __________
Expiration date: _____/____/____
<table>
<thead>
<tr>
<th>Engagement Number</th>
<th>ENTER DATE: From - To (mm/yy - mm/yy format)</th>
<th>ENTER ENGAGEMENT(S):</th>
<th>ENTER TIME: Yrs. to decimals (in tenths) chart:</th>
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<tbody>
<tr>
<td></td>
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<td>1. Engagement 1 starts at age 18 or high school (whichever is later). In chronological order, ACCOUNT FOR ALL TIME through application date leaving no date gaps between the last engagement and the new one. That includes any college, military, illness, unemployment, a new firm etc.</td>
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<td>2. Double Space between Engagements</td>
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<td>3. Enter Engagement Type (Firm Name/Institution, etc.) &amp; Title of your position.</td>
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<td>4. Description/Character of Engagement – Using concise, explicit statements, enter your duties and degree of responsibility which includes the nature, magnitude, and complexity of work on which you were engaged.</td>
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<td>1 mo = .08  2 mo = .17  3 mo = .25</td>
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<td>4 mo = .337  5 mo = .42  6 mo = .50</td>
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<td>7 mo = .58  8 mo = .67  9 mo = .75</td>
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<td>10 mo = .83  11 mo = .92  12 mo = 1.00</td>
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<td>(1) (2) (3) (4)</td>
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</table>

Enter person most familiar with each engagement, preferably supervisor.

Name, PE # (if applicable), Title, Address, City, Sate, Zip
| SURVEYING WORK EXPERIENCE: First: _____________________ Mid: ___________________ Last: ___________________ Birthday: ______/______(mm/yyyy) |
|---|---|
| (1)  Non-Engineering & engineering work prior to completing requirements for BS Degree | TOTAL |
| (2)  Engineering Experience after completing requirements for BS Degree & prior to PE License | TOTAL |
| (3)  Professional Engineering Experience after PE License | TOTAL |
| (4)  Engineering Experience (2) + (3) | TOTAL |
### IMPORTANT NOTICE:

The Board’s Rules (Article 8.D. & E. *et seq.*) contain specific experience requirements for all Surveyor applicants. We strongly encourage a review of these Articles prior to completion of this form. **PLEASE READ INSTRUCTIONS CAREFULLY!** (This page may be copied if additional room is needed)

Enter person most familiar with each engagement, preferably supervisor.

Name, PS # (if applicable), Title, Address, City, State, Zip

<table>
<thead>
<tr>
<th>Engagement Number</th>
<th>Date Requirements for Degree Completed: <em><strong><strong>/</strong></strong></em>/______ Date Degree Conferred: <em><strong><strong>/</strong></strong></em>/______</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER ENGAGEMENT(S):</td>
<td><strong>ENTER TIME:</strong> Yrs. to decimals (in tenths) chart:</td>
</tr>
<tr>
<td>1. Engagement 1 starts at age 18 or high school (whichever is later). In chronological order, ACCOUNT FOR ALL TIME through application date leaving no date gaps between the last engagement and the new one. That includes any college, military, illness, unemployment, a new firm etc.</td>
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<td>2. Double Space between Engagements</td>
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<tr>
<td>3. Enter Engagement Type (Firm Name/Institution, etc.) &amp; Title of your position.</td>
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</tr>
<tr>
<td>4. Description/Character of Engagement – Using concise, explicit statements, enter your duties and degree of responsibility which includes the nature, magnitude, and complexity of work on which you were engaged. Comity applicants should highlight experience in a public land survey system.</td>
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</tr>
<tr>
<td>Enter person most familiar with each engagement.</td>
<td>A. Field Surveying methods and procedures</td>
</tr>
<tr>
<td>Other work or sub-professional (such as instrument or rodman)</td>
<td>B. Office Surveying methods and procedures</td>
</tr>
<tr>
<td>Boundary, land title, geodetic, Right-Of-Way, easement surveys, etc. in Public Land Survey System</td>
<td>Record research &amp; analysis</td>
</tr>
<tr>
<td>Const/Subdivision staking, surveying measurement cert.</td>
<td>Survey computations including reducing &amp; adjusting boundary surveys &amp; networks data</td>
</tr>
<tr>
<td>A. Field Surveying methods and procedures</td>
<td>Preparing legal descriptions, plats and/or subdivision plats</td>
</tr>
</tbody>
</table>

Other work or sub-professional (such as instrument or rodman)
<table>
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<tr>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Other Work or Sub Professional (such as instrument or rodman time)………</td>
</tr>
<tr>
<td>2. FIELD - Boundary, land title, right-of-way/easement, etc. in PLSS…………………..</td>
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<tr>
<td>3. FIELD - Construction/subdivision staking, surveying measurement cert. etc…………………..</td>
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<tr>
<td>A. FIELD - EXPERIENCE (2+3) …………………….…</td>
</tr>
<tr>
<td>4. OFFICE - record research and analysis…………………………………………………………………</td>
</tr>
<tr>
<td>5. OFFICE - survey computations including reducing, evaluating, boundary surveys &amp; networked data…………</td>
</tr>
<tr>
<td>6. OFFICE - Preparing legal description, plats and/or subdivision plats ……………………………………………………………………</td>
</tr>
<tr>
<td>B. OFFICE - EXPERIENCE (4+5+6) ……………………..</td>
</tr>
<tr>
<td>TOTAL SURVEYING EXPERIENCE (A. + B.)…………………………………………………………………</td>
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</tbody>
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