



ARKANSAS STATE BOARD OF LICENSURE FOR  
PROFESSIONAL ENGINEERS & PROFESSIONAL SURVEYORS  
P.O. BOX 3750  
LITTLE ROCK, ARKANSAS 72203  
623 Woodlane Dr., Little Rock, AR 72201  
[www.pelsarkansas.gov](http://www.pelsarkansas.gov)  
Phone (501) 682-2824 Fax (501) 682-2827  
E-Mail: [pelsboard@arkansas.gov](mailto:pelsboard@arkansas.gov)



**APPLY AND SUBMIT PAYMENT ELECTRONICALLY ONLINE AT <https://pelslicensing.arkansas.gov/>**

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

- Licensure Rules of the Board may be viewed in Article 8 of the Current Rules of the Board on our Rules/Regs/Standards page of our website at <http://www.pels.arkansas.gov/rulesRegsStandards/Pages/default.aspx>.
- 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):**

- **Complete** – Items 1-7 above; **OR**
- **\*\*\*Council Record holders** – ask NCEES (800-250-3196) to transmit your Record to Arkansas, then:
  - PE applicants – Complete Items 1, 6 & 7, disregard items 2, 3, 5 and if your references are less than one year old you may also disregard 4.
  - PS applicants – Complete Items 1, 4, 5, 6, & 7 and disregard Items 2 & 3.
- **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.
- **Examinations** – IMPORTANT: Any application completed AFTER the following deadlines will be retained until the next testing date.
  - APRIL – your application must be in the Board's Office AND complete by JANUARY 1<sup>st</sup>.
  - OCTOBER – your application must be in the Board's Office AND complete by JULY 1<sup>st</sup>.

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

- **Complete** - **Items 1, & 4 thru 7 above.** Start Item 5 at date of original AR License (contact Board office for date).
- **Submit** – Fees PE \$260 OR PS \$220 (reinstate \$100 plus 2 years renewal and late penalties PE \$160, PS \$120).

Revised 06/10/19



**AR STATE BOARD OF LICENSURE FOR  
PROFESSIONAL ENGINEERS &  
PROFESSIONAL SURVEYORS**  
P.O. Box 3750  
Little Rock, Arkansas 72203-3750  
623 Woodlane Dr. Little Rock, AR 72201  
Phone (501) 682-2824 Fax (501) 682-2827  
www.pels.arkansas.gov  
e-mail: pelsboard@arkansas.gov

**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

**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): \_\_\_\_\_
  - d. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_ - \_\_\_\_\_ (obtain +4 at [www.usps.com](http://www.usps.com))
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**

STATE (XX) (of institution)	NAME	FROM (YYYY)	TO (YYYY)	GRADUATION DATE (MM-YYYY)	DEGREE RECEIVED (i.e. BS, MS Other)	MAJOR (i.e. CE, ME)

**REFERENCES**

	Name	Address	State of PE/PS Licensure	Expiration Date
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: \_\_\_\_\_



**ARKANSAS STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS & PROFESSIONAL SURVEYORS**  
 P.O. BOX 3750  
 LITTLE ROCK, ARKANSAS 72203  
 www.arkansas.gov/pels  
 Phone (501) 682-2824  
 Fax (501) 682-2827

**NOTICE TO ALL APPLICANTS FOR  
 AR LICENSE REINSTATEMENT 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](mailto: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: \_\_\_\_\_



**ARKANSAS STATE BOARD OF LICENSURE FOR PROFESSIONAL  
ENGINEERS & PROFESSIONAL SURVEYORS**  
P.O. BOX 3750  
LITTLE ROCK, ARKANSAS 72203  
www.arkansas.gov/pels  
Phone (501) 682-2824  
Fax (501) 682-2827

**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:

Degree	Graduation Date	Major
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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: \_\_\_\_\_

*Place college seal here*



**ARKANSAS STATE BOARD OF LICENSURE FOR PROFESSIONAL  
ENGINEERS & PROFESSIONAL SURVEYORS**  
P.O. BOX 3750  
LITTLE ROCK, ARKANSAS 72203  
[www.arkansas.gov/pels](http://www.arkansas.gov/pels) e-mail: [pelsboard@arkansas.gov](mailto:pelsboard@arkansas.gov)  
Phone (501) 682-2824, Fax (501) 682-2827

**BOARD VERIFICATION**

**TO:** AR Board of Licensure For PE's & PS's **VERIFYING BOARD:**  
P.O. Box 3750 **ADDRESS:**  
Little Rock, AR 72203-3750 **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:	Lic. Number	Date Issued	Valid Until	Application Date:
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:**

	Hours	Score	NCEES	Discipline	State	Date
--	-------	-------	-------	------------	-------	------

1. ( ) EXAMINATION	FE _____	_____	_____	_____	_____	_____
	PE _____	_____	_____	_____	_____	_____
	FS _____	_____	_____	_____	_____	_____
	PS _____	_____	_____	_____	_____	_____

STATE SPECIFIC/OTHER: \_\_\_\_\_

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:** \_\_\_\_\_

Place Board  
Seal Here

VERIFYING BOARD NAME: \_\_\_\_\_  
BY: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



**ARKANSAS STATE BOARD OF LICENSURE FOR PROFESSIONAL  
ENGINEERS & PROFESSIONAL SURVEYORS**  
P.O. BOX 3750  
LITTLE ROCK, ARKANSAS 72203  
[www.arkansas.gov/pels](http://www.arkansas.gov/pels) e-mail: [pelsboard@arkansas.gov](mailto:pelsboard@arkansas.gov)  
Phone (501) 682-2824, Fax (501) 682-2827

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible Charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Engineering Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: \_\_\_\_/\_\_\_\_



**ARKANSAS STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS & PROFESSIONAL SURVEYORS**  
 P.O. BOX 3750  
 LITTLE ROCK, ARKANSAS 72203  
[www.arkansas.gov/pels](http://www.arkansas.gov/pels) e-mail: pelsboard@arkansas.gov  
 Phone (501) 682-2824, Fax (501) 682-2827

**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 applicants 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".

Type of Practice	Above Average	Average	Below Average	Unsatisfactory
Parcel Boundary Surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subdivision surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plat drafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boundary research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Boundary surveying work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: \_\_\_\_/\_\_\_\_



**ENGINEERING WORK EXPERIENCE:** First: \_\_\_\_\_ Mid: \_\_\_\_\_ Last: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yyyy)

Date Requirements for qualifying (normally BS) Degree Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Degree Conferred: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE READ INSTRUCTIONS CAREFULLY!** (This page may be copied if additional room is needed)

Engagement Number	ENTER DATE: From – To (mm/yy – mm/yy format)	<b>ENTER ENGAGEMENT(S):</b> 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. 2. Double Space between Engagements 3. Enter Engagement Type (Firm Name/Institution, etc.) & Title of your position. 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.	<b>ENTER TIME:</b> Yrs. to decimals (in tenths) chart: 1 mo = .08    2 mo = .17    3 mo = .25 4 mo = .337    5 mo = .42    6 mo = .50 7 mo = .58    8 mo = .67    9 mo = .75 10 mo = .83    11 mo = .92    12 mo = 1.00 (1)                      (2)                      (3)                      (4)				<b>Enter person most familiar with each engagement, preferably supervisor.</b>  Name, PE # (if applicable), Title, Address, City, State, Zip
			Non-Engineering & engineering work prior to completing requirements for BS Degree.	Engineering Experience after completing requirements for BS Degree & prior to PE License	Professional Engineering Experience subsequent to PE License	Total Engineering Experience (2) + (3)	

		(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			

**SURVEYING WORK EXPERIENCE:** First: \_\_\_\_\_ Mid: \_\_\_\_\_ Last: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_(mm/yyyy)

Date Requirements for Degree Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Degree Conferred: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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)

Engagement Number	ENTER DATE: From – To (mm/yy – mm/yy format)	<b>ENTER ENGAGEMENT(S):</b> 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. 2. Double Space between Engagements 3. Enter Engagement Type (Firm Name/Institution, etc.) & Title of your position. 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.	<b>ENTER TIME:</b> Yrs. to decimals (in tenths) chart: 1 mo = .08   2 mo = .17   3 mo = .25   4 mo = .337 5 mo = .42   6 mo = .50   7 mo = .58   8 mo = .67 9 mo = .75   10 mo = .83   11 mo = .92   12 mo = 1.00						<b>Enter person most familiar with each engagement, preferably supervisor.</b>  Name, PS # (if applicable), Title, Address, City, State, Zip
			Other work or sub professional (such as instrument or rodman)	A. Field Surveying methods and procedures		B. Office Surveying methods and procedures			
				Boundary, land title, geodetic, Right-Of-Way/ easement surveys, etc. in Public Land Survey System	Const./Subdivision staking, surveying measurement cert.	Record research & analysis	Survey computations including reducing, evaluating & adjusting boundary surveys & networked data	Preparing legal descriptions, plats and/or subdivision plats	

--	--	--	--	--	--	--	--	--	--

**Totals**

- 1. Other Work or Sub Professional (such as instrument or rodman time).....
- 2. FIELD - Boundary, land title, right-of-way/easement, etc. in PLSS.....
- 3. FIELD - Construction/subdivision staking, surveying measurement cert. etc.....
- 4. OFFICE - record research and analysis.....
- 5. OFFICE - survey computations including reducing, evaluating, boundary surveys & networked data.....
- 6. OFFICE - Preparing legal description, plats and/or subdivision plats .....

A. FIELD - EXPERIENCE (2+3) .....

B. OFFICE - EXPERIENCE (4+5+6) .....

TOTAL SURVEYING EXPERIENCE (A. + B.).....