

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

Professional Land Surveyor

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License

or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently using or have you recently (<i>within 90 days</i>) used any drugs (<i>including recreational drugs</i>) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any criminal action pending?*
10. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*
12. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been incarcerated for any reason in any correctional facility (<i>domestic or foreign</i>) in any jurisdiction or on probation/parole in any jurisdiction?*

***NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered "Yes" to Questions 9,10,11 or 12 you must submit the following for **EACH** and **EVERY** incident:

- personal account of the incident(s)
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

EDUCATION REQUIREMENTS

Select one:

- I have a degree in land surveying or geomatics from an approved college or university. *Submit official transcripts documenting your degree.* Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap.

- I am applying by endorsement. *See the Checklist and Instructions at the end of this application for additional instructions.*

- I have an NCEES council record, and have requested the information be released to Utah.

- I have a bachelor's or master's degree in a field related to land surveying or geomatics, and at least 30 semester hours or 42 quarter hours as required by R156-22-302b (2). *Submit official transcripts documenting your degree and use the section below to outline the qualifying courses*

At least one course in each of the 6 areas below:

Boundary Law: _____ Course Number: _____

Semester: _____ Total Credits Received: _____

Writing Legal Descriptions : _____ Course Number: _____

Semester: _____ Total Credits Received: _____

Photogrammetry: _____ Course Number: _____

Semester: _____ Total Credits Received: _____

Public Land Survey System: _____ Course Number: _____

Semester: _____ Total Credits Received: _____

Land Records/Land Record Systems : _____ Course Number: _____

Semester: _____ Total Credits Received: _____

Surveying Field Techniques: _____ Course Number: _____

Semester: _____ Total Credits Received: _____

The remaining hours may be counted for courses in any of the areas listed in R156-22-302b (2)(b).

Course Title: _____ Course Number: _____

Semester: _____ Total Credits Received: _____

Course Title: _____ Course Number: _____

Semester: _____ Total Credits Received: _____

Course Title: _____ Course Number: _____

Semester: _____ Total Credits Received: _____

Course Title: _____ Course Number: _____

Semester: _____ Total Credits Received: _____

Course Title: _____ Course Number: _____

Semester: _____ Total Credits Received: _____

Course Title: _____ Course Number: _____

Semester: _____ Total Credits Received: _____

Note: Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap. Additionally, if there is any question of the relevance of a course listed, you may be required to submit course descriptions and/or syllabi.

Verification of Land Surveying Experience

Initial applicants who do not qualify for licensure by endorsement must use this form to document experience. All employers must complete a separate form, and the total of all forms must equal at least 4 years of supervised work experience.

APPLICANT INFORMATION

To Be Completed By The Applicant:

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

License Number (if applicable) : _____ **State of Issue:** _____

Dates of Employment: _____ to _____ **Approximate Hours Worked Per Week:** _____
MM/DD/YYYY MM/DD/YYYY

Field Surveying Experience is required in each of the following areas:	Completed Hours
Operation of various instrumentation	
Review and understanding of the plan and the plat data	
Public land survey system	
Calculations	
Traverse	
Staking procedures	
Field notes and manipulation of various forms of data encountered in horizontal and vertical studies	
<i>Total of Field Hours</i>	

Office Surveying Experience is required in each of the following areas:	Completed Hours
Drafting (includes computer plots and layout)	
Reduction of notes and field survey data	
Research of public records	
Preparation and evaluation of legal description	
Preparation of survey related drawings, plats and record of survey maps	
<i>Total Office Hours</i>	
Total of All Hours	

I certify that during the dates and hours listed above I completed the required qualifying experience as outlined in 58-22-302 and R156-22-302c specific to the license for which I am applying.

Signature of Applicant: _____ **Date:** _____

EMPLOYER INFORMATION

To Be Completed By The Supervising Land Surveyor:

Please review the information above, complete the sections below, sign and seal the document and mail it directly to DOPL or place the completed form in a **sealed envelope** and provide it to the applicant to include in their application to Utah.

Is the information provided above by the applicant correct? Yes No, please attach an explanation.

Name of Supervisor: _____

Title: _____ **Date:** _____

Phone: _____

Email: _____

(Seal and Signature)

License Number: _____

State of Issue: _____

Verification of Land Surveyor Experience as a Principal

Use this form to verify licensed practice as a principal land surveyor for 5 of the last 7 years in another state in lieu of having met the education requirements for licensure. If you have an NCEES Council Record or are applying for initial licensure, you do not need to complete this form.

APPLICANT INFORMATION

To Be Completed By The Applicant:

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

License Number (if applicable): _____ State of Issue: _____

Dates of Employment as a Principal: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Approximate Number of Hours Worked Per Week: _____ Total Hours Worked: _____

I certify that during the dates and hours listed above I practiced within the legal scope of a licensed land surveyor and acted as a principal.

Signature of Applicant: _____ Date: _____

EMPLOYER INFORMATION

To Be Completed By Supervising Land Surveyor or Other Qualified Licensee:

Please review the information above, complete the sections below, sign and seal the document and mail it directly to DOPL or place the completed form in a **sealed envelope** and provide it to the applicant to include in their application to Utah.

Is the information provided above by the applicant correct? Yes No, please attach an explanation.

Name: _____

Title: _____ Date: _____

Phone: _____ Email: _____

License Number: _____

State of Issue: _____

(Seal and Signature)

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Note to All Applicants: If you are *currently licensed*, DOPL will accept the NCEES Council Record to document, education, passing scores on the NCEES FS and PS examinations, verification of licensure, and experience. To obtain an NCEES Council Record, contact NCEES at www.ncees.org.

ALL APPLICANTS

The following items are required to complete your application:

- \$110.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".
- Pass the Utah Local Practice Examination. DOPL's testing provider will electronically send the results of your examination directly to DOPL. Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the Utah Local Practice Examination. Submit the fees directly to the testing agency.
- If you tested for the NCEES FS and/or the NCEES PS examinations for another state, you must request an official verification of your scores and license (*if applicable*) be sent directly to Utah. If you tested for Utah, we will be able to access your scores directly from NCEES.

INITIAL LICENSURE

If applying for **Initial Licensure**, *in addition* to the items required for all applicants, you must submit:

- Official transcripts documenting your degree, and any courses listed on the "Education Requirements" page of this application. Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap.
- Verification of Land Surveying Experience form.

LICENSURE BY ENDORSEMENT

If applying for **Licensure by Endorsement**, *in addition* to the items required for all applicants, you must submit:

- Verification of Land Surveying Experience as a Principal form.
- Official verification of licensure for the time documented on the Verification of Experience as a Principal form from the state(s) you are licensed. Please contact the state(s) you are licensed in on how to request verification.

LICENSURE BY REINSTATEMENT

If applying to **reinstate an expired Utah license** that has been expired for two or more years, you must submit all of the items required for either Initial licensure or licensure by endorsement and:

- Documentation that you were in compliance with the required continuing education at the time your Utah license expired.
- OR**
- Documentation of 30 hours of continuing education completed within the last 2 years.

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741