Rev 11/2013



Mail your application and fee of \$50 (check or money order made payable to "Commonwealth of PA") to the appropriate address.

NOTE: If you would like to know when your application has been received by the Board office you MUST mail your application "Certified-Return Receipt" to the **Courier address**.

Mailing Address: Engineer Board, PO Box 2649, Harrisburg PA 17105

Courier Address: Engineer Board, 1 Penn Center, 2601 N 3rd St, Harrisburg PA 17110

Once ALL required application materials have been received by the office for the Pennsylvania State Registration Board for Professional Engineers, Land Surveyors and Geologists (Board), your application is considered fully complete. If ANY supporting application materials and/or documents are received AFTER the application deadline (as established by §37.16 of the Regulations of the Board) your application will be considered for the NEXT examination administration.

Every *fully complete* (all required items are postmarked by the application deadline) application that is received by the Board will be guaranteed at least ONE application review by the Board office, per examination administration. If any application discrepancies are noted by the Board office when your application is reviewed, you will be notified in writing by the Board office (you will be sent a "discrepancy letter"); any response to a discrepancy letter that you may be sent will be considered an application re-evaluation and each response will be reviewed *in the date order it was received* only **AFTER** every examination application that was appropriately received by the application deadline has had <u>at least ONE initial review</u>. Requested examination administration dates **are not guaranteed**.

It is the <u>responsibility of the applicant</u> to provide ALL of the information requested on the application form, additionally, it is the <u>responsibility of the applicant</u> to stay in touch with, colleges/universities, other licensing jurisdictions, court offices etc... to ensure that ALL required paperwork and/or documentation is being forwarded to the Board office by the application deadline date.

Requested examination administration dates are not guaranteed.

## MANDATORY Application Deadline Requirements

The fully completed Application form, ALL required supporting application documents and the Application fee <u>must be postmarked</u> ON OR BEFORE the application deadline that has been established by §37.16(c) of the Regulations of the Pennsylvania State Registration Board for Professional Engineer, Land Surveyors and Geologists ("Board").

The application deadlines (as established by Regulation) are *December 1st to be considered for the April exam* and July 1st to be considered for the October exam.

#### There are NO exceptions.

A postmark is defined as the official mark that the United States Postal Service uses to cancel your postage.

\*\*\*Postage meter dates from businesses are not considered a postmark. \*\*\*

Courier service packages must clearly indicate the date sent. \*\*

You will only receive a PCS examination scheduling form once you have received the Board's approval to sit for the PLS Examination.

Rev 11/2013 Application for Approval to Sit for the										
Pennsylvania State Specific Land Surveying (PLS) Examination										
<u>Mailing Address:</u> PO Box 2649 Harrisburg PA 17105 Tel: 717.783.7049 E-Mail: <u>st-engineer@pa.gov</u> Website: <u>www.dos.state.pa.us/eng</u> 2601 N 3 <sup>rd</sup> St Harrisburg PA 17105										
Section 1: Applicant Inf Black ink or Typed ONLY	ormation	tha	at you will t	ake to the	e exam	n. You r	must use	the same r	rernment-issued ID name and spelling he NCEES.	
Last Name										
First Name					ſ	Middle				
Social Security Number							Date of	Birth		
Street Address:										
(Continued)										
City						State		o		
Daytime Phone							Ex	xtension		
E-Mail Address (By providing your agree to be contacted via E-Mail by P										
Maiden Name or Prior Name (i	f applicable)									
If any application documents w certificate, a copy of a divorce dec name change										
Section 2: Board Ap	plicatio	n Fee	S	<mark>ubmit che</mark>	eck or			he amount alth of PA	of <b>\$50.00</b> payable to ."	
A \$25.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason for non-payment. Fees are non-transferable and non-refundable.										
Section 3: Examinat	ion Info	rmatic	on							
Have you passed the FS	Exam?	Yes	s (continue)				ou must pas PS & PLS ex		m to qualify for approval	
State FS Exam was passed (if other than PA have Exam Score Certification sent)	Date F was pa	S Exam assed:			-		ue Date:			
Have you passed the PS Exam? Yes(continue) No (STOP: You must apply by examination to take the PS and PLS exams)								ination to take the PS		
State in which Principles & Practice of Land       State:       Date PS Exam was passed:         Surveying examination was passed:       State:       Date PS Exam was passed:										
I am applying for the following Pennsylvania "SURVEYOR STATE PORTIONONLY" examination date (check one): October										

# Name of Applicant (Print):

<b>Section 4: Education</b> (If additional space is required, submit on a 8 ½" x 11" sheet of paper) Transcripts must be mailed directly from college/university to the Board office.											
DEGREE	UNIVERSITY/COL	LEGE NAME	CAMPUS ADDRESS (CITY AND STATE)			AJOR	CONFERRAL DATE				
AS											
BS											
MS											
PHD											
Section 5	Section 5: References (See "Reference Information" on Instruction Page)										
List five refe	erences - Name, A	Address, State,	Profession	al License Nu	ımber a	nd Teleph	one number				
	Name	Iress	State In Wh License		License #	Telephone #					
1.											
2.											
3.											
4.											
5.		_									
Section	6: Applications	s previously	submitte	d to this B	oard.						
Enginee Trainir			reyor-In- ining	Professional Land Surveyor		Professional Geologist	None				
Section 7	': Do You	Read	Yes	No							
		Write		No							
	ar	nd <u>Speak</u>	Yes	No the	o the English Language?						

Name of Applicant (Print):

Section 8: Criminal and Disciplinary Information		
If any of the answers are "YES" you must attach an 8 1/2" x 11" sheet of paper bearing your signature that provides the Board with a full explanation of the matter. You must also submit <b>certified</b> copies of any and all court documents pertaining to any legal matter, (documents shall include all charging documents, final disposition, sentencing requirements and proof of completion of any sentence imposed). Certified Documents <b>cannot be accepted electronically</b> (fax or E-mail). Acceptable documentation MUST be postmarked by December 1st for the April exam and July 1st for the October exam.	YES	NO
Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court; however, it is your responsibility to ensure you have received proof from the court that the matter has been expunged?		
Are there felony or misdemeanor charges (other than for minor traffic offenses) now pending against you in Pennsylvania or any other state?		
Have you ever been disciplined (e.g., revocation, suspension, fine, reprimand) by an occupational licensing or certification board or commission in Pennsylvania or any other state? Check here if action was taken in PA – Certified copies NOT required. Have you ever withdrawn an application for a license, had an application for licensure denied or refused, or have you		
ever agreed not to reapply for a license, certification or registration in any state or jurisdiction?		
Section 9: Code of Ethics		

I hereby subscribe to and agree to abide by the following Code of Ethics: (your signature below indicates affirmation of this code).

It shall be considered unprofessional and inconsistent with honorable and dignified bearing for any professional engineer, professional land surveyor or professional geologist:

1. To act for his client or employer in professional matters otherwise than as a faithful agent or trustee, or to accept any remuneration other than his stated recompense for services rendered.

2. To attempt to injure falsely or maliciously, directly or indirectly, the professional reputation, prospects or business of anyone.

3. To attempt to supplant another engineer, land surveyor, or geologist after definite steps have been taken toward his employment.

4. To compete with another engineer, land surveyor or geologist for employment by the use of unethical practices.

5. To review the work of another engineer, land surveyor or geologist for the same client, except with the knowledge of such engineer, land surveyor or geologist, or unless the connection of such engineer, land surveyor or geologist with the work has terminated.

6. To attempt to obtain or render technical services or assistance without fair and just compensation commensurate with the services rendered: Provided, however, the donation of such services to a civic, charitable, religious or eleemosynary organization shall not be deemed a violation.

7. To advertise in self-laudatory language, or in any other manner, derogatory to the dignity of the profession.

8. To attempt to practice in any field of engineering, land surveying or geology in which the registrant is not proficient.

9. To use or permit the use of his professional seal on work over which he was not in responsible charge.

10. To aid or abet any person in the practice of engineering, land surveying or geology not in accordance with the provisions of this act or prior laws.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_/\_\_\_\_/

## **Section 10: Social Security Act Certification**

This licensing board is obligated to inform each applicant or licensee from whom it requests a Social Security number on any application or form that disclosing such number is mandatory in order for this licensing board to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), this licensing board must provide DPW information prescribed by DPW about the licensee, including the Social Security number.

In the event that this licensing Board takes disciplinary action against an applicant or licensee, this board may disclose their Social Security number if applicant or licensee voluntarily agrees to the disclosure of this information to the appropriate professional association. This organization compiles information about individual applicants and licensees and transmits that information to other licensing boards in order to coordinate licensure and disciplinary activities between the individual states. If you do not voluntarily provide your Social Security number for this purpose, information about you will still be transmitted to this organization should this licensing board discipline you, but that information will not include your Social Security number.

I certify that I have read the above statement, understand the full intent and I do give this licensing board permission to report my Social Security number to the appropriate professional association or licensing board.

Signature of Applicant:

## **Section 11: Certification Statement**

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S.§4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

#### Signature of Applicant:

Date:

Date:

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# AMPLIFIED RECORD OF SURVEYING WORK EXPERIENCE – PLS EXAM

Page

of

(Duplicate this blank page to provide sufficient extra pages to adequately document your experience. ONLY information presented on this form will be considered.)

Image: Second system     Dates of Surveying Employme       Second system     List NAME & ADDRESS of Supervising Individual.     Dates of Surveying Employme       Second system     Nt     (All time frames must be accounted for and include for an and include for an							<ul> <li>PREPARATION INSTRUCTIONS – READ &amp; FOLLOW DIRECTIONS CAREFULLY</li> <li>Applicants must show at least 4 years of <u>PROGRESSIVE</u> experience gained under the supervision of a licensed Professional Land Surveyor, AFTER the issue date of the SIT certificate.</li> <li>List employers in <u>chronological order</u> with the oldest employer shown as Number 1.</li> <li>Provide the name and address of each employer and the title of your position.</li> <li>For each employer describe in <u>detail</u> the work you performed and your specific role(s). Applicants with insufficient information will be requested to revise and resubmit the forms.</li> <li>Include a Detailed Breakdown of Surveying Experience form after the last page of the Amplified Record for EACH Engagement.</li> <li>DO NOT LIST ANTICIPATED WORK EXPERIENCE (The required amount of experience MUST have been completed</li> </ul>	l Mu	# of Y	nths as of rienc al lengt nploye	e h of d
Land Surveyor, indicate "PLS" after name.") Individual. (If licensed as a Professional Land Surveyor, indicate "PLS" after name.") It use "Present" as your end date.)					o NC eser ir enc e.)	DT nt" d	<ul> <li>PRIOR to the application deadline.)</li> <li><u>Each page</u> of the record MUST include your PRINTED NAME and DATE as well as all other requested information. Your signature is required on the LAST page along with the totaled experience.</li> <li>List Work Experience section in the following format:         <ul> <li>(a) Title of Position</li> <li>(b) Name and Address of Employer</li> <li>(c) Description of Work – Must be accurate, detailed, all-inclusive and indicate character of work and degree of responsibility.</li> </ul> </li> </ul>	In Design		In Other Surveying Work	
Emp			Fro	Mo/	T	Mo/		Yrs	Mos	Yrs	Mos
	Supervisor's Name:	Supervisor's Address:					LAND SURVEYING WORK EXPERIENCE DESCRIPTION: Work Experience <i>MUST</i> be listed in a yearly format <u>with</u> <u>no more than one year of experience per page;</u> however, you may use <u>more than one page for a single year of work</u> <u>experience</u> ; there is no maximum number of pages allowed.				
Prii	nt Name	(EACH F	PAGE	):			Signature (Last Page Of Each Engagement):       Date:       EXPERIENCE (TIME) GAINED         WHILE EMPLOYED →       (Total Experience on LAST         PAGE ONLY)				



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS STATE REGISTRATION BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS AND GEOLOGISTS P. O. Box 2649 Harrisburg, PA 17105-2649

### Amplified Record of Land Surveyor Work Experience Requirements

To assist the Board with providing the most appropriate evaluation of your supervised land surveying work experience, you must submit an "Amplified Record of Work Experience" form (amplified record), which has been **completed in its entirety** (names, addresses, complete employment dates- *NOT to "present"* etc...) and provides the Board with specific, thorough and detailed descriptions of your progressive professional experience in land surveying work that you obtained <u>under the</u> <u>supervision of a licensed professional land surveyor</u>(or similarly qualified surveyor [**as determined by the board**] of a grade or character to fit him to assume responsible charge of the work involved in the practice of land surveying) **and** <u>after the issuance of your Surveyor-In-Training (SIT) certificate</u>.

The amplified record must clearly describe the land surveying work that you personally performed; delineate your role in any group land surveying activity; provide an overall description of the nature of work you personally performed (including detailed descriptions of your use of the principles of land surveying) and specifically indicate how your land surveying skills and responsibilities have increased during your years of experience.

Your amplified record must demonstrate conclusively the four (4) or more years of progressive professional experience you have obtained in land surveying work performed <u>after the issue date of the surveyor-in-training certificate</u> of a grade and character to fit you to assume responsible charge of the work involved in the practice of land surveying. Please note that *the only work experience considered during any application review* is the experience information provided on *the amplified record*. You MAY NOT anticipate any land surveying work experience. ALL experience must be completed PRIOR to the submission of your application.

You should provide <u>no more</u> than **one year of work experience per page** of the amplified record; however, you may use as many pages as necessary to accurately describe each year of experience.

DETAILED BREAKDOWN OF SURVEYING EXPERIENCE NOTE: If no experience in any area – indicate with a zero (0)																
Applicant's Name		Date	es of En	of Employment From MM/YY To MM			То мм/ү	Y								
Employer		visor							Job Title							
			Super	visory			Party	Chief		In	strume	ent Person	Ro	odman / C	Chainper	son
		Office		Field		Office		Field		Office		Field	Offic	ce	Field	
				Pr	operty	Line Ex	xperien	ice:								
Boundary Surveys											1					
Courthouse Resear																
Subdivision Design																<u>i</u>
				En	gineeri	ng Lan	d Surv	eys:								
The determination of contour of the earth's fixed objects on or re measuring lines & an principles of mathem other measurement Geodetic survey, une																
hydrographic survey																
Storm water manage sedimentation & eros																
Determination of the																
Tests for water perce																
Preparation of plans estimates of propose	& specifications & ed work & attendant costs															
Tot	al Months															

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### **VERIFICATION OF EXAMINATION / REGISTRATION**

#### Pennsylvania State Registration Board for Professional Engineers, Land Surveyors and Geologists

Courier Address: Engineer Board 2601 N 3<sup>rd</sup> St Harrisburg PA 17110

This form WILL NOT be accepted electronically OR from the applicant.

### INSTRUCTIONS

It is the responsibility of the applicant to request the necessary verification(s) from **every State Board and/or Licensing Jurisdiction** you have ever passed a certification and/or licensure examination in **or** have ever been granted certification or licensure (regardless of the current status).

After completion, this form must be **mailed** to the PA Board **directly from the Verifying State or Jurisdiction.** 

(You may duplicate this form as much as necessary.)

**<u>DO NOT</u>** provide the verifying Board an envelope with **YOUR** return address **OR** business letterhead/return address.

THIS PORTION TO BE COMPLETED B	Y APPLICANT	-							
TO: (State Board Completing Form)	(Name of Applicant)								
	(Street Address)								
	· · · ·								
	(City)		(State)	(Zip)					
	(Social Security Number)		(Date of	Birth)					
THIS PORTION TO BE COMPLETED B	Y STATE BOA	RD							
I. The above named person was certified or reg		e Number	Date Issued	Valid Until					
			<u></u>	<u>vana ontin</u>					
<ul> <li>Engineer-in-Training</li> <li>Professional Engineer</li> </ul>									
Surveyor-in-Training									
<ul> <li>Prof. Land Surveyor</li> </ul>									
	If "Yes", please provid	de certified co	pies of action						
III. Basis of Registration:									
Written Examination	# of <u>Hrs.</u>	Results (P/F/Score)	NCEES Exam (Yes/No)	Exam Date					
□ Fund. Of Engineering (EIT)									
Princ. & Pract. of Engineering (PE)									
□ Fund. Of Land Surveying (SIT)									
Princ. & Pract. Of Land Surveying (Pl	_S)								
Other Specify:									
Oral Examination hrs. PE	hrs. LS	Date:							
Comity with: (1)	(2)								
Education and Experience: If licensed with less		e including gradu	ation from ABET engi	neering					
curriculum, please check here 🗌 and attach a detailed written	description of qualification	ns and basis for I	icesensure						
Signature and Title:			(Board S	Seal)					
Board:	Date <sup>.</sup>		(Doard C						