

# Application Check List Cover Sheet

<b>Applicant Name:</b>			
<b>Last four of SSN:</b>		<i>Included</i>	<i>Requested</i>
Required Documents	Applicant Notes	Please check one	
Current Application			
Check			
Transcripts			
Credential Evaluation <small>(only for foreign/NON ABET degrees)</small>			
Verification of Fundamentals Exam & Certification			
Verification of Professional Exam & Licensure			
Personal References			
Experience Record Forms			
Laws & Rules Quiz <i>(To be included with the application. Do not email or send separately.)</i>			
Professionalism & Ethics Quiz <i>(To be included with the application. Do not email or send separately.)</i>			
Standards of Practice for Boundary Surveys Quiz <i>(To be included with the application. Do not email or send separately.)</i>			
Verification of Experience Forms			
NCEES Records			
Surveyor Course Evaluation Form			
Comments:			



### 3. EXAMINATION AND LICENSURE/CERTIFICATION IN LOUISIANA AND OTHER JURISDICTIONS

	Jurisdiction	Date	Basis of License	
First PS License			NCEES Exam <input type="checkbox"/>	Other: (explain):
Fundamentals (FS/LSI) Exam			No. of hours	Certificate No.
Principles and Practice (PS) Exam			No. of hours	License No.

Do you have an active PS in any state? Mark one:  Yes  No

State(s):

What state did you reside in one (1) year prior to taking the FS?

If you made multiple attempts at this exam, list your number of attempts and jurisdictions:

Number of Attempts          Jurisdiction

Number of Attempts          Jurisdiction

Number of Attempts          Jurisdiction

What state did you reside in one (1) year prior to taking the PS?

If you made multiple attempts at this exam, list your number of attempts and jurisdictions:

Number of Attempts          Jurisdiction

Number of Attempts          Jurisdiction

Number of Attempts          Jurisdiction

### 4. PERSONAL REFERENCES (5 references, 3 must be actively licensed Professional Surveyors)

Name	Mailing Address	City	State	Zip

## 5. VIOLATIONS

Have you ever been convicted of a felony or of a crime of moral turpitude or entered a plea of guilty or *nolo contendere* to a felony charge or to a crime of moral turpitude under the laws of the United States or any state, territory or district of the United States?

Mark one:  Yes  No

Have you ever been convicted of any crime or entered a plea of guilty or *nolo contendere* to any criminal charge an element of which is fraud or which arises out of your practice of engineering or surveying?

Mark one:  Yes  No

Have you ever been convicted of any civil or criminal violation of, or entered a plea of guilty or *nolo contendere* to any criminal charge under, the Louisiana Campaign Finance Disclosure Act or any other campaign finance and/or practices laws of the State of Louisiana, the United States, or any state, territory or district of the United States?

Mark one:  Yes  No

If you have a license, permit or certificate to practice engineering or surveying, has it ever been the subject of a disciplinary action by any state, territory or district of the United States?

Mark one:  Yes  No  N/A

Are you an owner, partner, officer, director, managing member or supervising professional of a firm whose license, permit or certificate to practice engineering or surveying has ever been the subject of a disciplinary action by any state, territory or district of the United States?

Mark one:  Yes  No

If the answer to any of these questions is "Yes", provide the date and the pertinent facts of the case or proceeding including its final disposition. Attach additional pages as necessary.

### DISCLOSURE

As part of the application process, the Louisiana Professional Engineering and Land Surveying Board (LAPELS) will obtain a consumer report, which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

### AUTHORIZATION

During the application process and at any time during the tenure of my licensure with LAPELS, I hereby authorize LexisNexis WorkPlace Solutions Inc., on behalf of LAPELS, to procure a consumer report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification and a written summary of consumer rights; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant Signature

Date

Print Name

Date of Birth \*

Social Security Number

\* For Identification Purposes Only

**6. Please be advised that LA R. S. 37:689 requires firms practicing or offering to practice engineering or surveying in the state of Louisiana to be licensed by the Board prior to offering such services.**

If approved for licensure in Louisiana, I will be employed by:

This firm **is currently licensed** in Louisiana

This firm **is not licensed** in Louisiana

**Firm License Number: VF**

**Comments:**

**For LAPELS office use only – do not write in this area**

Check No.	Application
	CAVU
Check Amt.	NCEES
	Background

**7. ACKNOWLEDGMENT**

I, the applicant named in this application, have read the contents hereof, and to the best of my knowledge, information and belief the statements and information in this application are true and correct in substance and effect and are made in good faith. I have not omitted any information requested in this application. I am aware that such an omission or untrue response may constitute fraud or deceit, material misstatement, perjury or the giving of false or forged evidence under Louisiana Revised Statutes 37:698 and 37:700. I understand and agree that any responses verifying my education, personal references, and experience shall be considered privileged and confidential and that this information was not reviewed by me nor will it be available for my inspection or review in the future.

I have read the Rules for Professional Engineers and Surveyors (LAC Title 46, Part LXI), and I agree to conduct my professional affairs in accordance with these rules.

Signature of Applicant: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING EXPERIENCE RECORD FORMS

**ALL TIME SINCE GRADUATION WITH BS DEGREE MUST BE DOCUMENTED ON AN EXPERIENCE RECORD FORM.** You must include military, illness, unemployment or time spent completing an additional college degree, etc., **on an Experience Record form.** Time gaps will result in an incomplete application. The chart below is an example of the 8 column Experience Record form. The instructions below indicate how to complete the information in each of the columns.

**1<sup>st</sup> column:** Record number (start with first employment – end with current employment)

**2<sup>nd</sup> column:** Start date & end date for this record. The ending date for your current employer should be the same month & year as the application date. Dates must be reflected in “mm/yyyy” format. “Current” and/or “present” are not acceptable timeframes.

**3<sup>rd</sup> column:**

a. Position title

b. Company name

c. Detailed description of experience (*see paragraph below*)\*. Indicate character, magnitude & complexity of your work, your duties & degree of responsibility. When describing experience, refer to [Chapter 15](#), specifically Rules 1515, 1517 and 1519. Inadequate descriptions will delay the review process. [Click here](#) for additional information regarding the description of your experience.

d. Name, title and present address of the supervisor or person most familiar with this engagement.

**4<sup>th</sup> through 8<sup>th</sup> columns:** List amount of time for this experience record in years & months, in the appropriate category.

\*Applicant must comply with LAPELS [Rule §1527 Supervision by Licensed Professional](#):

*B. Surveying. Experience should be gained under the supervision of a professional surveyor holding a valid license to engage in the practice of surveying issued to him/her by proper authority of a state, territory, or possession of the United States, or the District of Columbia, or, if not, an explanation shall be made showing why the experience should be considered acceptable.*

(You may add an explanation to the Experience Record form or include a separate note.)

EXPERIENCE RECORD EXAMPLE							
Name (Last, First): <i>Doe, John</i>							
1	01/1999 04/2013	a. <i>Position title</i>	Times of each employment category (years and months)				
		b. <i>Company Name</i>	(4)	(5)	(6)	(7)	(8)
		c. <i>Description of experience</i>	Non-surveying employment	Surveying experience prior to FS Examination	Surveying experience subsequent to FS Exam and prior to PS licensure	Surveying experience subsequent to PS licensure	Academic Engagement
(1)	(2)	(3)					
		d. <i>Supervisor name, title &amp; current address</i>					

Begin listing your experience on the forms following this page, starting with your first employment. Use the TAB key to move between shaded fields. [Click here](#) for additional pages, if necessary. *Remember, you must document all time subsequent to your graduation: military, illness, unemployment or time spent completing an additional college degree, etc.* Once you have completed all of your experience, tally the time for each category in the box on the last page. **These totals must be completed and correspond with all time on your experience records.**

NAME

EXPERIENCE RECORD							
	-	a. b. c.  d.	Times of each employment category (years and months)				
			Non-surveying employment	Surveying experience prior to FS Examination	Surveying experience subsequent to FS Exam and prior to PS licensure	Surveying experience subsequent to PS licensure	Academic Engagement
			y m	y m	y m	y m	y m
<i>continued on next page</i>							

NAME

EXPERIENCE RECORD							
	-	a. b. c.  d.	Times of each employment category (years and months)				
			Non-surveying employment	Surveying experience prior to FS Examination	Surveying experience subsequent to FS Exam and prior to PS licensure	Surveying experience subsequent to PS licensure	Academic Engagement
			y m	y m	y m	y m	y m
<i>continued on next page</i>							



NAME

EXPERIENCE RECORD							
	-	a. b. c.	Times of each employment category (years and months)				
			Non-surveying employment	Surveying experience prior to FS Examination	Surveying experience subsequent to FS Exam and prior to PS licensure	Surveying experience subsequent to PS licensure	Academic Engagement
		d.	y m	y m	y m	y m	y m
<i>continued on next page</i>							

NAME

EXPERIENCE RECORD							
	-	a. b. c.  d.	Times of each employment category (years and months)				
			Non-surveying employment	Surveying experience prior to FS Examination	Surveying experience subsequent to FS Exam and prior to PS licensure	Surveying experience subsequent to PS licensure	Academic Engagement
			y m	y m	y m	y m	y m
<i>continued on next page</i>							

Once you have completed all of your experience, tally the time for each category in the box below.  
**These totals must be completed and correspond with all time on your experience records.**

<b>8. EXPERIENCE RECORD SUMMARY</b>							
Name (Last, First):							
			Times of each employment category (years and months)				
			(4) Non-surveying employment	(5) Surveying experience prior to FS Examination	(6) Surveying experience subsequent to FS Exam and prior to PS licensure	(7) Surveying experience subsequent to PS licensure	(8) Academic Engagement
		<b>GRAND TOTALS OF ALL EXPERIENCE: (These fields must be completed) ⇒</b>	y m	y m	y m	y m	y m