

Application Check List Cover Sheet

Applicant Name:				
Last four of SSN:			<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				
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				
Surveyor Course Evaluation Form				
Comments:				



Louisiana Professional Engineering and Land Surveying Board

Application for Licensure as a Professional Surveyor by Examination

Applying under the provisions of La. R.S. 37:693(B)(4)(a): Examination

A \$50 non-refundable fee is to be submitted with this application. Make checks payable to LAPELS.

Do not leave any section blank and state "not applicable" or "none" if such is the case. **ALL INFORMATION MUST BE TYPED. Hand written applications are not acceptable.**

Date of application:

Mark one: April October

Year:

1. PERSONAL INFORMATION				
SSN:	Name:			
	Last Name	First Name	Middle/Maiden Name	Suffix
Address:				
City:	State:	Zip:	Country:	
Work Phone:	Home/Cell Phone:		E-Mail:	
Date of Birth:	City of Birth:	State of Birth:	Country of Birth:	
Gender:	US Citizen? Yes No If no, what country?			Visa/Green Card #:

2. EDUCATION					
List in chronological order, the name and location of each college or university where a degree was conferred or is in progress or where you have completed surveying coursework, the time spent at each institution, and if graduated, the date of graduation, the degree received and the major as shown on your transcript. See the instructions concerning submitting transcripts and if applicable, a credential evaluation. Transcripts must be submitted by your college/university directly to LAPELS					
Institution Information			Years Attended	Graduation Date	Degree Received and Major
Type	Name	State	From - To		

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.

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. 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: _____

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

Check No.	Application
	CAVU
Check Amt.	NCEES
	Background

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.

1st column: Record number (start with first employment – end with current employment)

2nd 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.

3rd 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.

4th through 8th 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> b. <i>Company name</i> c. <i>Description of experience</i>	Times of each employment category (years and months)					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
		d. <i>Supervisor name, title & current address</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	

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

continued on next page

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.

7. EXPERIENCE RECORD SUMMARY							
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
		GRAND TOTALS OF ALL EXPERIENCE: (These fields must be completed) ⇒	y m	y m	y m	y m	y m