

TEXAS BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS

1917 S. Interstate 35, Austin Texas 78741-3702 http://pels.texas.gov, licensing@pels.texas.gov Phone: (512) 440-7723 Fax: (512) 442-1414

Trans. #
LSLS 1001
Entity #
Receipt #

Licensed State Land Surveyor Application - Approval to Register for LSLS Exam

Read all Board Rules and the Candidate Guideline before completing this application. All questions must be answered. Failure to complete any portion of the application will disqualify your application from Board review. This application must be accompanied by a check or money order (unless applicant is a military service member- see section 3) made payable to the Board for the application fee of \$75.00.

Part I: General Information

1. <u>F</u>	Full Name:									
First	Middle		Last							
2. <u>S</u>	Social Security Number:									
	Address:									
		State	Zip							
_	Employment:									
Firm Nar	me	<u></u>								
Firm	Number Position									
	ress									
City		State	Zip							
	<u>Геlephone Numbers</u> :									
Residenc	ee Business _									
6. <u>F</u>	E-mail:									
	Date of Birth: Place of									
Part II: Registrations/Licenses										
1. <u>F</u>	RPLS License:									
Number	Date Registered									
Has licen	nse ever been revoked? Yes No									
If so, spe	ecify:									
2. <u>I</u>	LSLS Interest:									
Why do you feel the need to obtain a license as a Licensed State Land Surveyor?										
Have you	u ever taken the written examination to become a Lic en?	censed State Land Su	urveyor? OYes ONo							

Part III: Military Service

	ntation confirmi	es are waived for all military serviong the applicant's military status. Intion fees.							
Please indicate a	all that apply: (Military Service Member		Military V	eteran				
		Part IV: Reference of Cl	harac	cter and Q	ualification				
of the applicant's	land surveying ex	erences from Registered Professional L perience. Members of the Board shoul ander Item 4 of this application, "Profe	ld not l	be used as a r	eference unless no	o other qualified	l references are		
Name		City, State	Rel	Relationship		Has Known	Has Known Applicant Since		
		Part V: Professional	l Sur	veying Exp	perience				
DATE		Title of Position; Name of Employer; Character of Work Performed;		(Time Years and Month	s)	Name and Present Address of		
From date of Registration as R.P.L.S.	To Present	Responsibility; Location of Each Engagement		(1) Total Time (Actual) Yrs. Mos.	(2) In Sub- Professional Work (Actual) Yrs. Mos.	(3) In Responsible Charge (Actual)	Supervisor or Employer (Not Deceased)		
On a supplementa functions of that of		ur experience in dealing with the Ger	neral l	Land Office a	and briefly detail	your knowledg	ge of the procedure and		
		Part VI: (Certif	fication					
I hereby certify ur	nder penalty that i	nformation contained herein is true an	d corre	ect to the best	of my knowledge	e, information a	nd belief.		
Signed this day th	e(day)	of(month)		, 20 (year)					
Signature									

Printed Name