

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**NICOLE "NIKKI" FRIED
COMMISSIONER**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS
APPLICATION FOR EXAMINATION OR REEXAMINATION**

Chapter 472, Florida Statutes
Rule 5J-17.037, Florida Administrative Code

Florida Department of Agriculture and Consumer Services
Board of Professional Surveyors and Mappers
Application for Examination and Reexamination

If you have any questions or need assistance in completing this application, please contact the Florida Department of Agriculture and Consumer Services (FDACS) at 1-800-HELP-FLA (435-7352) or (850) 410-3800.

When filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all information requested is provided. Please read all questions thoroughly.

INSTRUCTIONS

Only complete applications will be presented for board review. The schedule for examinations is available online at: www.FDACS.gov/psm

In order to become licensed as a Professional Surveyor and Mapper, an applicant must successfully pass three (3) exams:

1. Fundamentals of Land Surveying (Part I)
2. Principles and Practice (Part II)
3. Florida Jurisdictional (Part III)

FEES

Beginning with the April 2010 exam, testing fees for the Fundamentals of Land Surveying and the Principles and Practice exams will be paid directly to National Council of Examiners for Engineering and Surveying (NCEES) after Florida Board approval.

Fees for the Florida Jurisdictional exam will be paid directly to FDACS. The initial exam fee is included in the registration application fee; all re-examination applications must submit a re-examination fee of \$120.

EXAMINATION

NCEES Exam Administration Services is responsible for the administration of the Fundamentals of Land Surveying and the Principles and Practice exams. Upon approval of the Board, you must register with NCEES to reserve your seat and pay the associated examination costs. Registration can be completed online at www.ncees.org.

FDACS is responsible for the administration of the Florida Jurisdictional exam.

APPLICATION REQUIREMENTS

- Submit this completed application to the Florida Department of Agriculture and Consumer Services (FDACS).
- Submit fee of \$120 if applying for reexamination of the Florida Jurisdictional exam.

Please send your completed application and documentation to:

FDACS
Division of Consumer Services
Surveyors and Mappers
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

EXAMINATION INFORMATION

Please complete the following:

Fundamentals of Land Surveying (Part I) *If you are applying as an SIT this is the only part that is required.*

Have you passed this exam?

Yes No

State Board:

Year Passed:

Principals and Practice (Part II)

Have you passed this exam?

Yes No

State Board:

Year Passed:

Florida Jurisdictional 100 Item Multiple Choice (Part III)

Have you passed this exam?

Yes No

State Board:

Year Passed:

SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability or if you have a religious conflict with the scheduled examination date.

Yes** No

*** If yes, please contact the Florida Department of Agriculture and Consumer Services immediately at 1-800-HELP-FLA (435-7352) or (850) 410-3800.*

AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release the organization, individuals and groups listed above, any information which is the material to my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the state of Florida for the profession for which I am applying. I understand that any information contained in my previous application is still valid unless I have indicated otherwise in this application.

Applicant Signature: _____ Date: _____