

# **FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**



**NICOLE "NIKKI" FRIED  
COMMISSIONER**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE AS SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

Florida Department of Agriculture and Consumer Services  
**Board of Professional Surveyors and Mappers**  
**Application for Licensure as Surveyor in Training**

If you have any questions or need assistance in completing this application, please contact the Florida Department of Agriculture and Consumer Services 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.

Only complete applications will be presented for board review.

If you are a graduate of a surveying and mapping program, you are required to submit an official transcript verifying that the degree has been awarded. Official transcripts must be submitted to the Department directly from the college or university.

If you are currently enrolled in a surveying and mapping program and are in your final year, the last page of this form must be submitted to the college or university. This page must be completed and signed by the registrar's office at the college or university or by an academic advisor with the authority to verify the applicants standing.

**FEES**

Beginning with the April 2010 exam, testing fees will be paid directly to National Council of Examiners for Engineering and Surveying (NCEES) after Florida Board approval. All fees must be submitted to the Department with completed applications except those to be paid to NCEES for examination.

**EXAMINATION**

NCEES Exam Administration Services is responsible for the administration of the exam. 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](http://www.ncees.org).

**APPLICATION REQUIREMENTS**

**Surveyor in Training  
Application**

- ☐ Submit this completed application to the Florida Department of Agriculture and Consumer Services (FDACS).
- ☐ Surveyor In Training Letter of Good Standing, or submit an official transcript to the Department from the college or university if you are a graduate of a surveying and mapping program.
- ☐ Foreign equivalency (if applicable).

**Please send your completed application and documentation to:**

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

Florida Department of Agriculture and Consumer Services

Division of Consumer Services

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Tallahassee, FL 32399-6500

All documents and attachments submitted with this application, with the exception of transcripts, are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

**Name:**

**Suffix:**

**Date of Birth:**

**Gender:**

**\*\* Social Security Number:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ Male ☐ Female

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Race:**

☐ Asian or Pacific Islander

☐ Black or African American

☐ Native American or Alaskan Native

☐ Spanish, Hispanic, or Latino

☐ White or Caucasian

☐ Other

**Home Address** (if applicable please include suite, apartment and/or unit numbers):

**City:**

**State:**

**Zip Code:**

**County** (if address is in Florida):

**Country:**

☐ Please check if mailing address is the same as home address.

**Mailing Address** (if applicable please include suite, apartment and/or unit numbers):

**City:**

**State:**

**Zip Code:**

**County** (if address is in Florida):

**Country:**

**Email Address:**

**Contact Number(s):**

( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
Home Phone Cellular Phone

( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
Business Phone Facsimile

**\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.**

- ☐ Yes\*\* ☐ No Have you previously filed an application with this office?  
If yes\*\*, please specify the date: \_\_\_\_\_
- ☐ Yes\*\* ☐ No Have you ever been declared legally incompetent?  
If yes\*\*, please explain on attached sheet including full details as to court, date, circumstances, and medical practitioners consulted.
- ☐ Yes ☐ No Have you ever been refused a surveying license – or the renewal thereof – in any state?
- ☐ Yes\*\* ☐ No Have you ever been denied the right to take a surveying examination in any state?  
If yes\*\*, please explain on attached sheet including full details of the denial.

## EDUCATION HISTORY

### Highest Grade Completed (Please check one):

High School:

☐1 ☐2 ☐3 ☐4

College:

☐1 ☐2 ☐3 ☐4

Graduate School:

☐1 ☐2

Name and Address of School, College, or University Attended	Year of Graduation	Degree	Currently enrolled? <i>If Yes*, date of anticipated graduation.</i>	Foreign School <i>Was your school located overseas?</i>
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer on "Exhibit 1" located below and provide documentation of all charges and disposition, including penalty/sentence.** (make additional copies as needed).

- a. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION WILL BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. ☐ Yes ☐ No
- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending? ☐ Yes ☐ No
- c. Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application? ☐ Yes ☐ No

- d. Has any license, registration, certificate or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished surrendered, withdrawn, or otherwise acted against, in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☐ No

### Exhibit 1

Please provide this information for each separate conviction, judgment, etc. Attach additional sheets as necessary.:

**Court or administrative agency rendering the decision, judgment, or order:**

**State / Governmental agency which brought the action:**

**Nature of conviction, judgment, order, or action:**

**Date of Action:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Docket Number:**

\_\_\_\_\_

**Have all sanctions been satisfied?**

☐ Yes ☐ No

**Description:**

### PRIOR NAME INFORMATION

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes ☐ No

**If you answered yes, please provide name(s) below:**

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

### 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:

\_\_\_\_\_

### 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 institutions or organizations, my references, 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 any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**TO BE COMPLETED BY APPLICANT**

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Applicant Name: \_\_\_\_\_ \*\* Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

I am making application to the Florida Board of Professional Surveyors and Mappers for the Fundamentals of Surveying and Mapping examination and subsequent certification as a Professional Surveyor and Mapper In Training. In order to make application, I must certify that I am a Senior in good standing in a board-approved surveying and mapping program. With this understanding, I am providing the following information to be certified by the institution at which I am currently enrolled.

Date of Enrollment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Degree to be Awarded: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY INSTITUTION ONLY**

This is to certify that \_\_\_\_\_ D.O.B. \_\_\_\_\_  
is anticipated to receive his/her \_\_\_\_\_ Degree/Degrees, with a major in the  
\_\_\_\_\_ discipline, on \_\_\_\_\_  
from \_\_\_\_\_.

Signature of Registrar/Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

School Seal: \_\_\_\_\_

\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.