

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



ADAM H. PUTNAM
COMMISSIONER

**BOARD OF PROFESSIONAL
SURVEYORS AND MAPPERS
POST EXAMINATION REVIEW REQUEST**

Chapter 472, Florida Statutes
5J-17.036(2)

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

*Make check or money order
payable and remit application to:*

Florida Department of Agriculture
and Consumer Services
P.O. Box 6700
Tallahassee, FL 32314-6700

If you wish to request a review of your examination, complete this form and enclose the \$75 fee. This request **must be received** within twenty-one (21) days of the mailing date of the original grade notice. **ANY REQUEST RECEIVED PAST THE TWENTY-ONE (21) DAY DEADLINE WILL NOT BE PROCESSED.**

CANDIDATE INFORMATION

Name	Social Security Number **
Mailing Address	Examination Date
City, State, Zip Code	Part(s) Failed
Telephone, including Area Code	Candidate Number
Alternate Telephone, including Area Code	<input type="checkbox"/> English <input type="checkbox"/> ADA/Special
Email Address	

EXAMINATION REVIEW

Review sessions will be held in Orlando and Tallahassee, Florida. However, all requests must be mailed to the address listed above. You will be notified, in writing, of the exact date, time and location of the review.

REQUESTS: A review of the national exams (Fundamentals and Principles and Practice) is prohibited.

Florida Multiple Choice

Please Indicate Site Preference:

- Orlando
 Tallahassee

*** 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.*

Org Code: 42100801000
EO: A2
Object Code: 001253 \$75