

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



NICOLE "NIKKI" FRIED  
COMMISSIONER

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

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

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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 release of the original grade notification. **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

English       Spanish       ADA/Special

Telephone, including Area Code

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**EXAMINATION REVIEW**

Review sessions will be held at a location to be determined by the department. 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 Jurisdictional Exam

*\*\* 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.*

F & A Use Only

Org Code: 42100801000  
EO: A2  
Object Code: 001253

\$75