# FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



# ADAM H. PUTNAM 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.FreshFromFlorida.com/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 <u>www.ncees.org</u>.

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 Florida Department of Agriculture and Consumer Services Division of Consumer Services

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

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:	* Social Security Number:	
Mailing Address (if applicable please include suite, apartment and/or unit numbers):				
City:		State:	Zip Code:	
	PLEASE CHECK WHICH EXAN	INATION(S) YOU ARE APP	LYING TO TAKE:	
🗆 Fund	amentals of Surveying	Principles and Practice	□ Florida Jurisdictional	
□ Yes □ No	Are you applying to retake an If yes, please indicate which e	•		
□ Yes □ No		Has any of your information changed since the submission of your previous application? If yes, please explain on attached sheet.		
□Yes □No	If yes, please explain on atta	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	a surveying license – or the re	enewal thereof – in any state?	
□Yes □No	Have you ever been denied th If yes, please explain on attac	• • •	•	

\* 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: 42 10 08 01 000 EO: A2 Object Code: 001266

\$120

Please send completed application to:

**Division of Consumer Services** 

Tallahassee, FL 32399-6500

Surveyors and Mappers 2005 Apalachee Parkway

FDACS



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FDACS-10051 Rev. 08/17 Page 1 of 2

#### **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?	State Board:	Year Passed:		
Yes No				
Principals and Practice (Part II)				
Have you passed this exam?	State Board:	Year Passed:		
Florida Jurisdictional 100 Item Multiple Choice (Part III)				
Have you passed this exam?	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) if you're calling from with Florida, or (850) 410-3800 calling from outside Florida.

#### 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 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: \_\_\_\_\_