

NC Board of Examiners



For Engineers & Surveyors

Application Number _____

Date Received _____

Passport Sized
Head and Shoulder Photo

Attach Here

PLS Comity	Reinstatement	Initial
Check	Credit Card	_____

PROFESSIONAL LAND SURVEYOR APPLICATION FOR LICENSURE

Applications must be typed

Do not type in all caps

Do not fold

All applicants must take the two hour NC state specific examination. Please indicate the desired exam date (see [Board's website](#) for dates).

A. General Information

1. Full Legal Name

LAST FIRST MIDDLE SUFFIX MAIDEN

Board records, wall certificate and your seal will reflect first name, middle initial, and last name unless another preference is indicated below:

2. Birth Date ____/____/____ SSN ____-____-____ E-mail _____

3. Physical Residence Address _____

City _____ State _____ Zip _____-

4. Business Name _____

5. Physical Business Address _____

City _____ State _____ Zip _____-

6. Preferred Mailing _____

10. Have you passed the SI examination? Yes ☐ No ☐ State _____ Date ____/____/____

Certification Number _____

Computer Based Test? Yes ☐ No ☐

11. Have you passed the PLS examination? Yes ☐ No ☐ State _____ Date ____/____/____

License Number _____

Yes ☐ No ☐

12. Have you previously applied for certification or licensure as an SI or PLS in North Carolina? Yes No

13. Have you previously applied for licensure in any other jurisdiction and been denied? ***Yes No

14. Have you ever been disciplined on any professional license? ***Yes No

15. Have you ever been convicted of a felony? (If yes, provide proof of restoration of civil rights.) ***Yes No

16. Have you ever been convicted of a misdemeanor? (Do not include minor traffic violations.) ***Yes No

17. Are you active-duty military or a military veteran? Yes No

18. Are you an active-duty military spouse? Yes No

*** If yes, give date and details on a separate page labeled addendum. If the answer to any of these questions changes to "Yes" prior to the Board issuing the license, you must update your application.

B. Comity

Are you applying for comity?

Yes ☐ No ☐

Licensure by comity is granted only to applicants licensed by examination.

Do you have an NCEES Council Record? Yes ☐ No ☐

Date sent to NC Board ____/____/____

Number _____

C. Evidence of Experience

List experience (EVEN THOUGH IT IS NOT CLAIMED AS SURVEYING), beginning from the date of graduation to present with all months to fall consecutively in time, NO GAPS.

Date Month & Year MM/YY		Experience listing in following format: 1. a. Title of Position b. Name and address of employer c. Description of work: Accurately and concisely indicate character of work and degree of responsibility. If you desire to amplify your work record, use more than one Evidence of Experience form.	Total time of each surveying employment		Name and address of an individual, preferably a Professional Land Surveyor, thoroughly familiar with each employment and to whom the applicant reported, or with whom the applicant was associated (If licensed, indicate "PLS" after name).
From	To	Experience	Years	Months	Reference

From	To	Experience	Years	Months	Reference

D. Evidence of Education

Applicant to request transcript be sent directly to Board. High school transcript not required where evidence of higher surveying degree, or other equivalent curricula, is provided.

	Name of Institution City and State	Dates of Attendance	Date of Graduation	Curriculum	Degree or Certificate
High School					
Community College					
Universities					

E. Required References

References should be individuals familiar with your work, character and reputation (excluding family members and current Board members), and to whom you have distributed Reference Forms. The burden of proving good character is the responsibility of the applicant. For PLS licensure, five (5) references are required, three (3) of which must be Professional Land Surveyors. The applicant must send a Reference Form to each person listed below.

	Names and Addresses of References	If PLS, state of licensure
1.		
2.		
3.		
4.		
5.		

F. Affidavit

To be attested before a Notary Public or other official authorized to administer oaths.

STATE OF _____ COUNTY OF _____

On the _____ day of _____, _____, before the undersigned, a Notary Public in
and for _____ County and State aforesaid, came
_____, a resident of _____ County in the
State of _____ known to me as the person herein described, whose photograph
appears on this application for licensure, and subscribing hereto, as having signed the Application Form attached hereto,
and on oath deposes and says that the statements made herein are true.

Signature of Applicant _____

(Notary Seal)

Subscribed and sworn to before me, this _____ day of _____,

Signature of Notary Public _____

My commission expires _____