NC Board of Examiners

For Engineers & Surveyors

PROFESSIONAL LAND SURVEYOR APPLICATION FOR NC STATE SPECIFIC REEXAMINATION

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 _____