Professional Land Surveyor

APPLICANT INFORMATION				
Full	Legal Name:			
	First	Middle	Last	
All	Previous Legal Names:			
Oth	er DOPL Licenses Held:			
SSN	:	Date of Birth:	Gender: Male Female	
Add	Street Address (including Ap	ot/Unit/Ste #) and/or PO Box		
	City	State	ZIP Code	
Pho	ne:	Email:		
or S	I am a foreign national no None of the above, please ver License State ID Card: State of Issue TE: If you do not hold a US Drive	ver License or a US State ID, you must	Expiration Date present a legible copy of your current and valid	
gove	rnment issued document(s) s	nowing evidence of lawful presence in t		
1.	cortify that I am gualified in a	AFFIDAVIT AND RELEA		
2.	I certify that I am qualified in all respects for the license for which I am applying in this application. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.			
1	authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set orth directly or by reference in this application, to release to the Division of Occupational and Professional icensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.			
	requirements contained in all s	nderstand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the quirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, d that failure to do so may result in civil, administrative, or criminal sanctions.		
		ertify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare cause of any circumstance or condition.		
	understand that I am respons icense/certification/registration	sible to update the Division of any chan n.	ges relating to my	
Sign	ature of Applicant:		Date:	

QUALIFYING QUESTIONNAIRE Do not leave any question blank. DOPL may request additional documentation if the information submitted is insufficient. Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise disciplined in any way? 2. Yes No Do you CURRENTLY have any criminal action active or pending? WITHIN THE PAST 10 YEARS, have you pled guilty to, no contest to, entered into a plea in abeyance, or been convicted of a misdemeanor in any jurisdiction? Have you EVER pled guilty to, no contest to, entered into a plea in abeyance, or been ☐ Yes ☐ No convicted of a felonv in any jurisdiction? If you answered "yes" to question 1 above, please provide a copy of the disciplinary action. If you answered "yes" to questions 2, 3, or 4, please provide a current criminal history report from each and every state where criminal history has occurred. NOTE: **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed. **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to

- disclose minor traffic offenses such as parking or speeding violations.
- You do not need to disclose juvenile offenses, unless you were tried as an adult.
- DISCLOSE if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do not need to disclose legally expunded or sealed criminal history incidents.

For more information, see DOPL's criminal history FAQs.

PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state which you now hold or have ever held in any profession (Use additional sheets if necessary)

profession: (ose auditional sneets if necessary.)				
Profession:	License Number:			
Issuing State:	License Status:	Issue Date:		
Profession:		License Number:		
Issuing State:	License Status:	Issue Date:		

EDUCATION REQUIREMENTS

Sel	ect one:		
	I have a degree in land surveying or geomatics from an approved college or university. Submit official transcripts documenting your degree. Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap		
	I have been licensed in good standing at least one year in a <u>jurisdiction designated as equivalent</u> to Utah. See the checklist for additional information.		
	I have been licensed for at least five years in another state, and have practiced as a <u>principal land surveyor for softhe last 7 years.</u> See the checklist for additional information.		
	I have an NCEES council record and have requested the information be released to Utah. See the checklist for additional information.		
		d related to land surveying or geomatics, <u>and</u> at least 30 semester -22-302c. <i>Submit official transcripts documenting your degree <u>and</u> courses.</i>	
	At least one course in each of the 6 areas below	:	
	Boundary Law:	Course Number:	
	Semester:	Total Credits Received:	
	Writing Legal Descriptions :	Course Number:	
	Semester:	Total Credits Received:	
	Photogrammetry:	Course Number:	
		Total Credits Received:	
	Public Land Survey System:	Course Number:	
		Total Credits Received:	
		Course Number:	
	Semester:	Total Credits Received:	
		Course Number:	
	Semester:	Total Credits Received:	
The remaining hours may be counted for courses in any of the areas listed in R156-22-302c.		es in any of the areas listed in R156-22-302c.	
	Course Title:	Course Number:	
	Semester:	Total Credits Received:	
	Course Title:	Course Number:	
	Semester:	Total Credits Received:	
	Course Title:	Course Number:	
	Semester:	Total Credits Received:	
		Course Number:	
		Total Credits Received:	
		Course Number:	
		Total Credits Received:	
Course Title: Course			
	Semester:	Total Credits Received:	

Note: Transcripts are considered "official" when they are sent directly from the school to DOPL <u>or</u> sealed in an envelope bearing the school's stamp/seal on the envelope flap. Additionally, if there is any question of the relevance of a course listed, you may be required to submit course descriptions and/or syllabi.

Verification of Land Surveying Experience

Initial applicants who do not qualify for licensure by endorsement must use this form to document experience. All employers must complete a separate form. If you are applying with an NCEES Council Record you do not need to complete this form.

APPLICANT INFORMATION			
To Be Completed by the Applicant:			
Full Legal Name:			
First	Middle	Last	
Mailing Address:			
Street/PO Box	City		State/Zip
License Number (if applicable) :	State	of Issue:	
Dates of Employment: to	Approximate	e Hours Worked Per	Week:
MM/DD/YYYY MM/D	DD/YYYY		
Field Surveying Experience is required	I in each of the following	ng areas:	Completed Hours
Operation of various instrumentation			
Review and understanding of the plan and the plat da	ta		
Public land survey system		_	
Calculations		_	
Traverse		_	
Staking procedures		_	
Field notes and manipulation of various forms of data	encountered in horizonta	al and vertical studies	
		Total of Field Hours	
Office Surveying Experience is required	d in each of the followi	ng areas:	Completed Hours
Drafting (includes computer plots and layout)			
Reduction of notes and field survey data			
Research of public records			
Preparation and evaluation of legal description			
Preparation of survey related drawings, plats and reco	ord of survey maps		
		Total Office Hours	
		Total of All Hours	
I certify that during the dates and hours listed above I con and R156-22-302g specific to the license for which I am a		ying experience as outi	ined in 58-22-302
•	113 0		
Signature of Applicant:		Date:	· · · · · · · · · · · · · · · · · · ·
EMPLOY	ER INFORMATION		
To Be Completed by the Supervising Land Surveyo	or:		
Please review the information above, complete the sec b5@utah.gov	ctions below, sign and se	eal the document and s	submit directly to
Is the information provided above by the applicant correct	t? ☐ Yes ☐ No, please	attach an explanation.	
Name of Supervisor:			
Name of Firm:			
Title:		Date:	
Phone:			
Email:		(Seal and Signature	e)
License Number:		,	,
State of Issue:			

Verification of Land Surveyor Experience as a Principal

Use this form to verify licensed practice as a principal land surveyor for 5 of the last 7 years in another state <u>in lieu</u> of having met the education or endorsement requirements for licensure. <u>If you have an NCEES Council Record or are applying for initial licensure, you do not need to complete this form.</u>

"Principal" means a licensed professional land surveyor having responsible charge of an organization's professional land surveying practice.

APPLI	ICANT INFORMATION	
To Be Completed by the Applicant:		
Full Land Name		
Full Legal Name: First	Middle	Last
Mailing Address		
Mailing Address: Street/PO Box	City	State/Zip
License Number (if applicable):	State	e of Issue:
Dates of Employment as a Principal: MM/DE	to	Y
Approximate Number of Hours Worked Per We	ek:	Total Hours Worked:
I certify that during the dates and hours listed abovacted as a principal.	e I practiced within the leg	al scope of a licensed land surveyor and
Signature of Applicant:		Date:
EMPL	OYER INFORMATION	
To Be Completed by the Supervising Land Surv	veyor or Other Qualified I	Licensee:
Please review the information above, complete the <u>b5@utah.gov</u> .	e sections below, sign and s	seal the document and submit directly to
ls the information provided above by the applicant	correct? ☐ Yes ☐ No, p	lease attach an explanation.
Name:		
Name of Firm:		
Title:	Date:	
License Number:		
State of Issue:		(Seal and Signature)

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application. **NOTE:** Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Note to All Applicants: DOPL will accept the NCEES Council Record to document: education, passing scores on the NCEES FS and PS examinations, verification of licensure, and experience. To obtain an NCEES Council Record, contact NCEES at www.ncees.org.

ALL APP	PLICANTS	
The following items are required to complete your applica \$121.00 non-refundable application-processing fee, i Supporting documentation for any "yes" answers pro Take and pass the Utah Professional Land Surveyor more information about exam requirements, please s	ation: made payable to "DOPL". vided on the "Qualifying Questionnaire". Examination. To register for the examination or find	
If applying for licensure by application, in addition to the i ☐ Official transcripts documenting your degree, and any of this application. Transcripts are considered "official sealed in an envelope bearing the school's stamp/se ☐ If you tested for the NCEES FS and/or the NCEES P official verification of your scores and license (if appli will be able to access your scores directly from NCEE Verification of Land Surveying Experience form.	y courses listed on the "Education Requirements" page II" when they are sent directly from the school to DOPL or al on the envelope flap. S examinations for another state, you must request an icable) be sent directly to Utah. If you tested for Utah, we	
<u>LICENSURE BY ENDORSEMENT</u> If you have been licensed for at least one year, and are in good standing in a <u>jurisdiction designated as equivalent</u> to Utah, <i>in addition to the items required for all applicants</i> , you must submit official verification of your license.		
Please see <u>our website</u> for additional information regarding documentation is required for your state or circumstances		
LICENSURE BY PRINCIPAL EXPERIENCE If you do not qualify for licensure by endorsement but have practiced as a principal for at least 5 of the last 7 years, in addition to the items required for all applicants, you must submit: Verification of Land Surveying Experience as a Principal form. Official verification of passing the NCEES FS and PS Examinations. Official verification of licensure for the time documented on the Verification of Experience as a Principal form from the state(s) you are licensed. Please contact the state(s) you are licensed in on how to request verification.		
If applying to reinstate an expired Utah license that has been expired for two or more years, you must submit all of the items required for either Initial licensure or licensure by endorsement and: Documentation that you were in compliance with the required continuing education at the time your Utah license expired. OR Documentation of 30 hours of continuing education completed within the last 2 years.		
Submit the above items with your completed application to:		
In person or via express delivery: Division of Occupational and Professional Licensing Heber M Wells Building, 1 st Floor Lobby 160 E 300 S	US Postal Service: Division of Occupational and Professional Licensing PO BOX 146741 Salt Lake City, UT 84114-6741	

Salt Lake City, UT 84111