



APPLICATION FOR REGISTRATION TO PRACTICE AS A LAND SURVEYOR

State Form 9436 (R7 / 12-02)

Approved by State Board of Accounts, 2002

Application number

FOR OFFICE USE ONLY

Fees

Review of application for examination. . \$10.00

Application for COMITY registration to practice as a land surveyor. . \$75.00

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Check Appropriate Box

Comity Exam

This agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of this board under IC 25-31. Disclosure of this information is mandatory. Incomplete applications are subject to denial by the board. Upon completion, this form will be treated as a public record. * Your Social Security number is requested by this agency in accordance with IC 4-1-8.1, which is mandatory, accessible by the Indiana Department of Revenue.

INSTRUCTIONS:

- Type or print in ink. If necessary, attach extra sheets with each sheet dated and signed.
- Application must be accompanied by a recent photo.
- Application must be accompanied by appropriate fee payable to: Indiana Professional Licensing Agency.
- Return application and all accompanying documents to:

Indiana Professional Licensing Agency
302 W. Washington Street, Room E034
Indianapolis, IN 46204

P H O T O

1 APPLICANT INFORMATION		
Name of applicant (first, MI, last)	Have you ever had a name change? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (number and street)	Social Security number *	
City, state, ZIP code	Date of birth (month, day, year)	
Name of firm	Place of birth	
Address (number and street, city, state, ZIP code)	Home telephone number () () ()	Business telephone number () () ()

2 COLLEGE INFORMATION (Attach certified copy of transcripts from each school attended.)					
Name of Institution	Address of Institution (city, state, ZIP code)	Dates Attended		Graduation	
		From	To	Degree	Date

3 S.I.T. CERTIFICATIONS L.S. REGISTRATIONS				REGISTRATION BASIS (check)			WRITTEN EXAM HOURS		REGISTRATION VALID	
S.I.T. L.S.	State	Registration Number	Date	Education & Experience	Comity	Exam	Survey Fund.	Survey Practice	Date	Date Expired

Reference forms are attached from 5 persons listed below. Favorable replies must be received from at least 3 registered land surveyors prior to action upon this application. References should have personal knowledge of your experience and/or ability to qualify. Providing references with up-to-date personal information will enable objective, confidential evaluations by the board. DO NOT submit the name of an Indiana board member as a reference.

4 REFERENCES			
Name of Reference	Reference LS Number	Acquaintance, Employer, Associate, Etc.	Current Address (number and street, city, state, ZIP code)

5 PERSONAL BACKGROUND	
Have you ever been convicted of: (A) an act which would constitute a ground for disciplinary sanction under IC 25-31 or (B) a felony that has a direct bearing on your ability to practice competently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been denied registration or has a registration ever been revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously applied for and or taken the SIT/LS examination in Indiana or any other state? If yes, please attach a statement identifying dates, states and any other pertinent information.	<input type="checkbox"/> Yes <input type="checkbox"/> No

INSTRUCTIONS: A photo must be attached to this application. List land surveying experience positions, beginning with the most recent. If necessary, attach extra sheets following the prescribed format. Please sign and date any extra sheets. For part-time employment, if less than 40 hours per week, list number of hours in space provided below.

6 EXPERIENCE				
Name of current employer	Job title	Period of employment From _____ To _____		
Address (number and street)	Number of years employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Number of hours employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
City, State, ZIP code	Name of Supervisor			
Duties				
Name of employer	Job title	Period of employment From _____ To _____		
Address (number and street)	Number of years employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Number of hours employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
City, State, ZIP code	Name of Supervisor			
Duties				
Name of employer	Job title	Period of employment From _____ To _____		
Address (number and street)	Number of years employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Number of hours employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
City, State, ZIP code	Name of Supervisor			
Duties				

7 NOTARY CERTIFICATE		
STATE OF _____	}	SS:
COUNTY OF _____		
On _____ day of _____, _____, I, _____,		
a resident of _____, certify that I have read the text of the Indiana Registration Act for Land Surveyors as amended, covering the requirements to be met by an applicant, and Rules of the board, that the statements contained in this application are true and correct to the best of my knowledge and that if granted registration I will abide by the Indiana Registration Act and Rules of the board. I authorize those whom I have given as references, whether they may be an individual, a company, or an institution, to furnish the State Board information concerning my education, experience, character and suitability for practicing land surveying. I agree to release and hold harmless any individual, company, or institution and any person or persons connected therewith from liability imposed by law in furnishing such information.		
Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn To (Notary Public)	County of residence	Date commission expires