

STATE OF WISCONSIN DEPARTMENT OF SAFETY & PROFESSIONAL SERVICES

AFFIDAVIT OF NON-PRACTICE
FOR LAND SURVEYOR RENEWAL APPLICANTS
SEEKING CONTINUING EDUCATION WAIVERS
PURSUANT TO A-E 10.07

STATE OF WISCONSIN)
) SS.
COUNTY OF _____)

I, _____ (print name), do solemnly swear or affirm
Under penalty of perjury that:

- 1. I am a registered Land Surveyor in the State of Wisconsin, registration number _____
2. I make this Affidavit in conjunction with my request to renew my credential for the biennium running from February 1, 2016 to January 31, 2018 without having first met the continuing education requirements for the biennium which ran from February 1, 2014 to January 31, 2016.
3. I am seeking a waiver of the continuing education requirements because I am currently not practicing, or presently intend to no longer practice land surveying in the State of Wisconsin during the biennial period running from February 1, 2016 and ending January 31, 2018.
4. That in exchange for such a waiver, I do acknowledge, affirm and agree as follows:
a. Pursuant to Wis. Stat. s. 443.02(4), no person may practice land surveying in this state unless the person has been issued a certificate of registration or granted a permit to practice.
b. During the biennial period noted in paragraph 3, above, I will not practice land surveying (as defined in Wis. Stats. s. 443.01(4)) in the State of Wisconsin, whether for compensation or for no compensation.
c. If at any time during the biennial period noted in paragraph 3, I choose to resume practicing as a land surveyor in Wisconsin, the waiver will become null and void and I must first comply with the continuing education requirements set forth in Wis. Admin. Code ch. A-E 10 for the prior biennium and submit proof of compliance to the Department so that my licensure status can be noted accordingly.

5. That by signing this Affidavit, I acknowledge and agree that if I practice land surveying in the State of Wisconsin during the biennial period noted in paragraph 3 without first complying with the continuing education requirements, such practice shall be considered conduct imperiling the safety, health and welfare of the public and can serve as the basis for **immediate suspension** of my credential, and may further subject me to additional discipline, including revocation of registration pursuant to Wis. Stat. s. 443.12 and penalties pursuant to Wis. Stat. s. 443.18

Signature of Affiant

Name of Affiant

Subscribed and sworn to before me
this _____ day of _____, 20____.

Notary Public

_____ County, State of _____

My commission: _____

-----**FOR DEPARTMENT USE ONLY**-----

Approved by: _____
Member of the board or authorized designee

Date: _____