

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dps@wisconsin.gov](mailto:dps@wisconsin.gov)  
**Website:** <http://dps.wi.gov>

## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS

### PROFESSIONAL LAND SURVEYOR SECTION

#### INFORMATION FOR COMPLETING PROFESSIONAL LAND SURVEYOR APPLICATION

This is not the application to register for the Fundamentals of Surveying (FS) or the Principles and Practice of Surveying (PS) Examinations. To register for the examinations, contact NCEES directly at [www.ncees.org](http://www.ncees.org) or (800) 250-3196.

#### **AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

##### **Application by Examination**

1. **Application for Professional Land Surveyor Licensure (Form #461)**
2. **\$55.00 Initial Credentialing Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Official Transcripts** – Transcripts must be forwarded directly by the college to you. If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s). **Unofficial copies of transcripts are not acceptable.**
4. **Verification of Examination or Licensure (Form #475)** - Completed by each state in which you have been issued a license. If the exams were passed in Wisconsin, this form is not required. Please indicate the month and year the exams were passed on page 1.
5. **Experience Record (Form #463)** – Evaluated by the Professional Land Surveyor Section to determine whether the experience you document meets the qualifying land surveying experience as defined in Wis. Admin. Code § A-E 6.03. Provide a complete chronological listing of your experience. The beginning and ending month and year of employment must be shown for each engagement.
6. **Professional Land Surveyor Applicant Appraisal (Form #474)** - Provide replies from 5 references having personal knowledge of your experience, 3 of whom must be licensed as a Professional Land Surveyor.
7. **Experience Questionnaire (Form #931)** - Applicants applying for licensure as a Professional Land Surveyor under the provisions of Wis. Stats. § 443.06(2) (am), (bm) or (cm) are required to complete this form. **This form is not required for Reciprocity applicants.**
8. **Proof of Continuing Education Completion (for Reciprocity applicants only)** – Provide proof that you have completed continuing education per Wis. Admin. Code § A-E 10.08.

##### **Reciprocity Applicants [applicant holding unexpired license(s) and/or registration(s) from another state]**

All applicants applying by Reciprocity are required to pass the written Wisconsin State Jurisdictional Examination. This examination is provided by the Department at an online testing program. You may apply to take the examination by submitting **Form #2973**.

An applicant may apply for licensure as a Professional Land Surveyor if he or she holds an unexpired license and/or registration in another state in which requirements are not lower than those in Wisconsin. The applicant must have passed the NCEES professional land surveying examination(s). Applicants may apply using NCEES Council Record or application by examination.

**If Applying by NCEES Council Record:** Request NCEES forward your Council Record to the Department. Complete the Application for Professional Land Surveyor Licensure (**Form #461**) and submit with the application fee to the Department. Indicate on the application that you are requesting NCEES to forward your Council Record to the Department. Provide proof that you have completed continuing education per Wis. Admin. Code § A-E 10.08.

**Review Dates:** Your application for licensure will be presented to the Section for review when all required documents have been received. You are encouraged to submit your application as soon as possible to allow processing and review of application before the Board meets. You'll find a schedule of tentative Board meetings on the Department's website at <http://dps.wi.gov>.

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### PROFESSIONAL LAND SURVEYOR SECTION

#### APPLICATION FOR PROFESSIONAL LAND SURVEYOR LICENSURE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

**PLEASE TYPE OR PRINT  
IN INK**

Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>	<b>Former / Maiden Name(s)</b> <input type="text"/>
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<b>Address</b> (street, city, state, zip code) <input type="text"/>	<b>Daytime Telephone Number</b> <input type="text"/> - <input type="text"/> - <input type="text"/>
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<b>Mailing Address</b> (if different) <input type="text"/>	<b>Date of Birth</b> <input type="text"/> / <input type="text"/> / <input type="text"/>
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<b>Social Security Number</b> <input type="text"/> - <input type="text"/> - <input type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete <a href="#">Form #1051</a> . The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

**ETHNICITY:**  White, not of Hispanic origin     American Indian or Alaskan     Hispanic  
 Black, not of Hispanic origin     Asian or Pacific Islander     Other

**SEX:**  M  F

**Have you ever been licensed in Wisconsin as a Professional Land Surveyor?**     Yes     No    If yes, list your credential number:

**E-mail Address**

**Examination:** If you have taken the Fundamentals, Principles and Practice and the WI Jurisdictional Exam in Wisconsin or any other state, please provide date of exam(s) and location(s).

Fundamentals of Surveying Examination	State <input type="text"/>	Date of exam <input type="text"/> / <input type="text"/> / <input type="text"/>
Principles and Practice of Surveying Examination	State <input type="text"/>	Date of exam <input type="text"/> / <input type="text"/> / <input type="text"/>
WI Jurisdiction Examination		Date of exam <input type="text"/> / <input type="text"/> / <input type="text"/>

**APPLICATION FEES:** Please check applicable box. Make check payable to **DSPS** and attach to this application. To pay by credit card see [Form 3071](#).

**I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)

**\$55.00 Initial License Fee (Reciprocity)**

**\$55.00 Initial License Fee (Application by Examination)**

**\$75.00 WI Jurisdictional Examination** (only applies if exam fee has not previously been paid)

**For Receiving Use Only (8)**

# Wisconsin Department of Safety and Professional Services

**ARE YOU A VETERAN?** If yes, please view the DSPS website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

**If you qualify, are you requesting a waiver of your initial credentialing fee?**  Yes  No

If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: \_\_\_\_\_

**If you qualify, are you requesting equivalency of your military training and experience?**  Yes  No

If Yes, complete and return the Veteran Request Application Addendum ([Form #2996](#)). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or [dva.wi.gov](http://dva.wi.gov) for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

**If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential?**  Yes  No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form #3982](#)).

**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> and select "Professions," then "Land Surveyor, Professional."

**Qualification for Licensure:** (Check one box indicating how you qualify.)

Reciprocity (licensed in another state) State:  License Number:

Passed the Fundamentals, Principles and Practice and the WI Jurisdictional (Approved Bachelor's Degree and 2 years' experience)

Passed the Fundamentals, Principles and Practice and the WI Jurisdictional (Approved Associate Degree and 4 years' experience)

**I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S): (Include all active and inactive states.)**

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**REGARDING THE STATES YOU LISTED ABOVE: Identify the states in which you were licensed by EXAM.**

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**Education:** Official Transcript(s) Required.

College(s) Attended	Degree Received	Date of Graduation	Major
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**ANSWER THE FOLLOWING QUESTIONS.** (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? <b>If yes, submit Convictions and Pending Charges (Form #2252).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b> <input style="width: 65%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Wisconsin Department of Safety and Professional Services

**ANSWER THE FOLLOWING QUESTION.** (Attach additional sheets if necessary.)

8.	Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

## CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

## AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /  /

**(Print and Sign Form)**