

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: dsps@wisconsin.gov
Website: <http://dsps.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 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. **\$68.00 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. **State Law/Statutes** (for Reciprocity applicants only) – Provide current state laws regarding requirements for obtaining a license for at least one (1) jurisdiction in which you are currently licensed.
6. **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.
7. **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.
8. **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.**
9. **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://dsps.wi.gov>.

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: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

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

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. Stats. § 440.12 and 440.13).

**PLEASE TYPE OR PRINT
IN INK**

Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name

First Name

MI

Former / Maiden Name(s)

Address (street, city, state, zip)

Daytime Telephone Number

 - -

Mailing Address (if different)

Date of Birth

 / /

Social Security #

 - -

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 Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Ethnicity/gender status information is optional.

Ethnicity:

White, not of Hispanic origin
 Black, not of Hispanic origin

American Indian or Alaskan
 Asian or Pacific Islander

Hispanic
 Other

Sex:

M F

Have you ever been licensed in Wisconsin as a Professional Land Surveyor?

Yes No

If yes, list your credential number:

Email 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

Date of exam / /

Principles and Practice of Surveying Examination

State

Date of exam / /

WI Jurisdiction Examination

Date of exam / /

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- \$68.00 Initial License Fee (Reciprocity)**
- \$68.00 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 Department website at <http://dsps.wi.gov> for eligibility requirements.

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

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

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.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov>.

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

Reciprocity (licensed in another 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)

Passed the Fundamentals, Principles and Practice and the WI Jurisdictional (10 years' experience)

Education: Official Transcript(s) Required.

College(s) Attended	Degree Received	Date of Graduation	Major
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<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? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<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? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<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)? If yes, state what profession(s) and in what state(s): <input style="width: 650px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input style="width: 650px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

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've provided to the Department of Safety and Professional Services change.

Signature: Date: / /