



# APPLICATION FOR REGISTRATION TO PRACTICE AS A PROFESSIONAL SURVEYOR

State Form 9436 (R13 / 8-16)

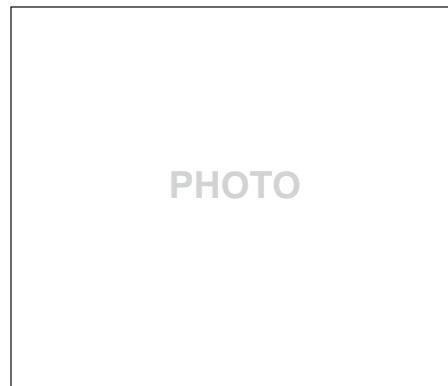
Approved by State Board of Accounts, 2016

STATE BOARD OF REGISTRATION FOR PROFESSIONAL SURVEYORS  
 PROFESSIONAL LICENSING AGENCY  
 402 West Washington Street, Room W072  
 Indianapolis, IN 46204  
 Telephone: (317) 234-3022  
 E-mail: pla10@pla.IN.gov  
 www.pla.IN.gov

- INSTRUCTIONS: 1. Please refer to the instructions on our website, [www.pla.in.gov](http://www.pla.in.gov), for the licensing requirements; refer to <http://www.in.gov/pla/2752.htm> for the fees in accordance with 865 IAC 1-11-1.  
 2. All fees are non-refundable and non-transferable.

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

|  |  |
|--|--|
| APPLICATION NUMBER                     |  |
| APPLICATION FEE                        |  |
| DATE FEE PAID (month, day, year)       |  |
| RECEIPT NUMBER                         |  |
| LICENSE NUMBER                         |  |
| DATE LICENSE ISSUED (month, day, year) |  |



DO NOT WRITE ABOVE THIS LINE

Please check appropriate box:  Comity  Exam

| APPLICANT INFORMATION   |                                  |   |  |
|---|----------------------------------|---|--|
| Name of applicant (first, middle initial, last)   |                                  | Have you ever had a name change?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                          |  |
| Address (number and street)   |                                  | City  |  |
| State   | ZIP code                         | Social Security number*   |  |
| Date of birth (month, day, year)  |                                  | Place of birth (city and state or country)  |  |
| Home telephone number<br>( )  | Business telephone number<br>( ) | E-mail address  |  |
| Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                  | Are you an active duty member of the military? (Optional)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Name of firm  |                                  |   |  |
| Address (number and street, city, state, and ZIP code)  |                                  |   |  |

### COLLEGE INFORMATION (Attach certified copy of transcripts from each school attended)

| Name of Institution | Address of Institution (number and street, city, state, and ZIP code) | Dates Attended |    | Graduation |      |
|---------------------|---|----------------|----|------------|------|
|                     |   | From           | To | Degree     | Date |
|                     |   |                |    |            |      |
|                     |   |                |    |            |      |
|                     |   |                |    |            |      |

| ST CERTIFICATIONS<br>PS REGISTRATIONS |       |                     |      | REGISTRATION BASIS (check) |        |      | WRITTEN EXAM HOURS |                 | REGISTRATION VALID |              |
|---------------------------------------|-------|---------------------|------|----------------------------|--------|------|--------------------|-----------------|--------------------|--------------|
| ST PS                                 | State | Registration Number | Date | Education & Experience     | Comity | Exam | Survey Fund.       | Survey Practice | Date               | Date Expired |
|                                       |       |                     |      |                            |        |      |                    |                 |                    |              |
|                                       |       |                     |      |                            |        |      |                    |                 |                    |              |
|                                       |       |                     |      |                            |        |      |                    |                 |                    |              |
|                                       |       |                     |      |                            |        |      |                    |                 |                    |              |
|                                       |       |                     |      |                            |        |      |                    |                 |                    |              |

Reference forms are attached from five (5) persons. Favorable replies must be received from at least three (3) registered professional 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.

**PERSONAL BACKGROUND**

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Have you ever been convicted of an act which would constitute a ground for disciplinary sanction under IC 25-21.5?  Yes  No
2. Have you been denied registration or has a registration ever been revoked or suspended?  Yes  No
3. Have you previously applied for and or taken the ST / PS examination in Indiana or any other state?  
(If yes, please attach a statement identifying dates, states and any other pertinent information.)  Yes  No
4. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,
  - (1) have you ever been arrested;  Yes  No
  - (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;  Yes  No
  - (3) have you ever been convicted of any offense, misdemeanor, or felony in any state;  Yes  No
  - (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or  Yes  No
  - (5) have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state?  Yes  No
5. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner?  Yes  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 forty (40) hours per week, list number of hours in space provided below.*

**EXPERIENCE**

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

**APPLICATION AFFIRMATION**

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

|                        |                         |
|------------------------|-------------------------|
| Signature of applicant | Date (month, day, year) |
|------------------------|-------------------------|

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for registration to practice as a land surveyor.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application and I hereby specifically release the Agency and the Board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

**AFFIRMATION**

I hereby swear or affirm that I have read the above statements and agree to same.

|                        |                         |
|------------------------|-------------------------|
| Signature of applicant | Date (month, day, year) |
|------------------------|-------------------------|