APPLICATION FOR REGISTRATION TO PRACTICE AS A LAND SURVEYOR

State Form 9436 (R10 / 6-13)

Approved by State Board of Accounts, 2013

STATE BOARD OF REGISTRATION FOR LAND 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

*** Your Social Security number is being requested by this state agency in accordance with I.C. 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)*	

PHOTO

DO NOT WRITE ABOVE THIS LINE - FOR OFFICE USE ONLY

Please check appropriate box: ☐ Comity ☐ Exam

APPLICANT INFORMATION

Name of applicant (*first, middle initial, last*)		Have you ever had a name change? ☐ Yes ☐ No
Address *(number and street)*		City
State	ZIP code	Social Security number*
Home telephone number ( )	Business telephone number ( )	E-mail address
Date of birth (*month, day, year*)	Place of birth (*city and state or country*)	
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

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 five (5) persons listed below. Favorable replies must be received from at least three (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.

REFERENCES

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

PERSONAL BACKGROUND

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 SIT/LS 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;
   (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;
   (3) have you ever been convicted of any offense, misdemeanor, or felony in any state;
   (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or
   (5) have you ever pled *nolo contendre* 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 40 hours per week, list number of hours in space provided below.

EXPERIENCE

Name of current employer	Job title		Period of employment From_____ To _____	
Address *(number and street)*	Number of years employed	☐ Full-time ☐ Part-time	Number of hours employed	☐ Full-time ☐ Part-time
City, State, and ZIP code	Name of Supervisor			
Duties				
Name of employer	Job title		Period of employment From_____ To _____	
Address *(number and street)*	Number of years employed	☐ Full-time ☐ Part-time	Number of hours employed	☐ Full-time ☐ Part-time
City, State, and ZIP code	Name of Supervisor			
Duties				

EXPERIENCE (*continuation*)

Name of employer	Job title	Period of employment From_____ To _____
Address *(number and street)*	Number of years employed ☐ Full-time ☐ Part-time	Number of hours employed ☐ Full-time ☐ Part-time
City, State, and ZIP code	Name of Supervisor	
Duties		

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*)