



APPLICATION FOR CERTIFICATION OF SURVEYOR INTERN

State Form 49328 (R9 / 11-20)

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. The fee for this application is \$100.00, payable to the Indiana Professional Licensing Agency, in accordance with 865 IAC 1-11-1.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

NOTE: Condition for certification according to IC 25-21.5-5-3 must be met at the time of application.

* 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.

** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY

Application fee	Date fee paid (month, day, year)	Receipt number
License number	Date issued (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION

Name of applicant (last, first, middle)		
Social Security number *	Date of birth (month, day, year)	Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (number and street or rural route)		City, state, and ZIP code
Telephone number (daytime) ()	E-mail address	
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select ONLY ONE of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 USC § 1641). <input type="checkbox"/> I am authorized by the Federal government to work in the United States.		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No

COLLEGE INFORMATION

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

EXAMINATION

Fundamentals of surveying examination taken on (month, day, year):	Examination taken in what state?
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REFERENCES

Include completed reference forms from the three (3) persons listed below. 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.

Name of Reference (minimum of three (3) required)	Reference PS Number	Acquaintance, Employer, Associate, Etc.	Current Address (number and street, city, state, and ZIP code)

EXPERIENCE

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.

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

QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a signed written statement, 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 denied certification or has a certificate ever been revoked / suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of an act which would constitute a ground for disciplinary sanction under IC 25-21.5?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. <i>Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</i>	
(1) have you ever been arrested;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 licensure.

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 information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency 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 affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant	Date (month, day, year)
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