

INDIVIDUAL REQUEST FOR PROFESSIONAL SURVEYORS CONTINUING EDUCATION COURSE APPROVAL State Form 50666 (R2 / 8-13)

INSTRUCTIONS: Please attach the following:

- 1. Course outline or description
- 2. Name, address, and professional biography of the instructor
- 3. Course completion certificate pursuant to 865 IAC 1-15-10

Name of land surveyor		License number			
Address (number and street, city, state, and ZIP code)					
Telephone number ()	E-mail address				
COURSE(S)					
NAME OF COURSE	COURSE LOCATION	N DATE OF COUI (month, day, ye		BOARD ACTION	
COURSE PROVIDER					
Name of course provider	Tele (phone number)		
Address (number and street, city, state, and ZIP code)					
CERTIFIED STATEMENT					
I hereby certify that I have completed the entire course(s) indicated above and request approval of such courses to comply with my continuing education requirement pursuant to 865 IAC 1-15.					
Signature of registered land surveyor		Date (month, day, year)	te (month, day, year)		

FOR OFFICE USE ONLY

Board comments: (continue on reverse side if needed)