

**& LAND SURVEYORS** 

## Land Surveyor-In-Training Registration Application

Use this form to apply for the Fundamentals of Surveying (FS) examination.

- You must have at least 4 years approved land surveying experience or a combination of education and experience
- You must complete the Land Surveyor-in-Training Experience and Verification form

Apply online: https://professions.dol.wa.gov/s/

Email: engineers@brpels.wa.gov

Or mail the completed form to (official transcripts should also be sent here):

Board of Registration for Professional Engineers and Land Surveyors PO Box 9025 Olympia, WA 98507

Once we approve you, we will email you information on how to schedule your exam.

For questions email engineers@brpels.wa.gov or call: (360) 664-1575

## **Applicant**

••											
TYPE or PRINT Name as you would like it to appear on your license											
Full legal name (First, Middle, Last)											
Social Security number* (or ITIN, Green Card, Canadian SIN)					Date of birth (mm/dd/yyyyy)						
Military? (check if applicable)											
Current or former:   Military member   Military spouse or domestic partner											
Mailing address											
City					ZIP code	County					
Oity						,					
(Area code) Phone number Email											
Answer the following											
Has any court or licensing jurisdiction taken action against you for your practice in engineering											
or land surveying?							□ Yes □ No				
If yes, please attach an explanati											
•		Dates of attendance									
Name and location of colleges, universities, technical schools attended				Curriculum		Degree/Date					
universities, technical schools attended		110111	10	Curricularii			Degree/ Date				
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<sup>\*</sup>You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

## Applicant name . Please list all of your employers below beginning with the most recent. This list is to include the entire time from leaving college (if applicable) or beginning your land surveying career to the present time. Those periods while unemployed, or non-land surveying work must also be included. If not verifying, indicate "No". Any experience not verified will not be counted towards the experience requirement. Time period (begin with most recent) Verification To be verified number From (mo-yr) To (mo-yr) Employer (yes or no) 1 2 3 4 5 6 7 8 9 10 I declare under penalty of perjury under the law of Washington that the foregoing is true and correct. TYPE or PRINT Name

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.

Applicant signature

Date and place

**Experience record summary**