

# FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**NICOLE “NIKKI” FRIED  
COMMISSIONER**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

Florida Department of Agriculture and Consumer Services  
**Board of Professional Surveyors and Mappers**  
**Application for Surveyor in Training**

If you have any questions or need assistance in completing this application, please contact the Florida Department of Agriculture and Consumer Services at 1-800-HELP-FLA (435-7352) or 850-410-3800.

When filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all information requested is provided. Please read all questions thoroughly.

Only complete applications will be presented for board review.

**In order to qualify as a Surveyor in Training you must: OPTION 1: be in good standing in, or a graduate of a bachelor's degree program its equivalent or higher at an accredited college or university and have a minimum of 25 semester hours in surveying, mapping, mathematics, photogrammetry, forestry, civil engineering, or land law and the physical sciences, or any combination of these; OR OPTION 2: have obtained from an accredited college or university, a minimum of 15 semester hours in surveying, mapping, mathematics, photogrammetry, forestry, civil engineering, or land law and the physical sciences, or any combination of these and have a specific surveying and mapping experience record of two or more years as a subordinate to a licensed surveyor and mapper.**

**FEES**

Testing fees will be paid directly to National Council of Examiners for Engineering and Surveying (NCEES) after Florida Board approval. All fees must be submitted to the Department with completed applications except those to be paid to NCEES for examination.

**EXAMINATION**

NCEES Exam Administration Services is responsible for the administration of the exam. Upon approval of the Board, you must register with NCEES to reserve your seat and pay the associated examination costs. Registration can be completed online at [www.ncees.org](http://www.ncees.org).

**APPLICATION REQUIREMENTS**

**Surveyor in Training Application**

- Submit this completed application to the Florida Department of Agriculture and Consumer Services (FDACS).
- Submit an official transcript to the Department from the college or university from which you graduated or are attending. If still attending, you must also submit a Surveyor in Training Letter of Good Standing.
- Employment verification (if applicable under OPTION 2).
- Foreign equivalency (if applicable).

**Please send your completed application and documentation to:**

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



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All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

**Name:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **\*\* Social Security Number:** \_\_\_\_\_

**Home Address** (if applicable please include suite, apartment and/or unit numbers):  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**County** (if address is in Florida): \_\_\_\_\_ **Country:** \_\_\_\_\_

**Please check if mailing address is the same as home address. If not:**

**Mailing Address** (if applicable please include suite, apartment and/or unit numbers):  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**County** (if address is in Florida): \_\_\_\_\_ **Country:** \_\_\_\_\_

**Email Address:**  
\_\_\_\_\_

**Contact Number(s):**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Home Phone**      ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Cellular Phone**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Business Phone**      ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Facsimile**

**\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.**

## EDUCATION HISTORY

**Highest Grade Completed (Please check one):**

High School:

1 2 3 4

College:

1 2 3 4

Graduate School:

1 2

Name and Address of School, College, or University Attended	Year of Graduation	Degree and Major	Currently enrolled? <i>If Yes*, date of anticipated graduation.</i>	Foreign School <i>Was your school located overseas?</i>
			<input type="checkbox"/> Yes* <input type="checkbox"/> No _____*	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes* <input type="checkbox"/> No _____*	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

**Title:** \_\_\_\_\_

**Employer / Company Name:** \_\_\_\_\_

**Employer / Company Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Dates of Employment:**

From: \_\_\_\_\_ To\*: \_\_\_\_\_

**Number of Hours Per Week:** \_\_\_\_\_

**Did the applicant ever work on a part-time basis?**  Yes  No

**Number of Hours Per Week:** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**Total Months of Experience:** \_\_\_\_\_

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer below.** (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.**  Yes  No

- b. Has any judgment or decree of a court been entered against you in this or any other state, province,  Yes  No district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending?
- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession,  Yes  No occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

Please provide this information for each separate conviction, judgment, etc. Attach additional sheets as necessary.:

**Court or administrative agency rendering the decision, judgment, or order:**

**State / Governmental agency which brought the action:**

**Nature of conviction, judgment, order, or action:**

**Date of Action:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Docket Number:**

\_\_\_\_\_

**Have all sanctions been satisfied?**

Yes  No

**Description:**

**PRIOR NAME INFORMATION**

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

Yes  No

**If you answered yes, please provide name(s) below:**

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**EXAMINATION INFORMATION**

Please complete the following:

**Fundamentals of Land Surveying (Part I)**

Have you passed this exam?

Yes  No

State Board:

\_\_\_\_\_

Year Passed:

\_\_\_\_\_

**Principals and Practice (Part II)**

Have you passed this exam?

Yes  No

State Board:

\_\_\_\_\_

Year Passed:

\_\_\_\_\_

**SPECIAL TESTING ACCOMMODATIONS**

Please indicate if you require special testing accommodations due to disability.

Yes\*\*  No

*\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services no less than 90 days prior to the examination date at 1-800-HELP-FLA (435-7352), or 850-410-3800.*

**AUTHORIZATION**

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_



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Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL SURVEYORS  
AND MAPPERS SURVEYOR IN TRAINING  
LETTER OF GOOD STANDING**

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**TO BE COMPLETED BY APPLICANT**

**Institution Name:**

**Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **\*\* Social Security Number:** \_\_\_\_\_

**Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

I am making application to the Florida Board of Professional Surveyors and Mappers for the Fundamentals of Surveying and Mapping examination. I am providing the following information to be certified by the institution at which I am currently enrolled.

**Date of Enrollment:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Degree to be Awarded:** \_\_\_\_\_ **Anticipated Graduation Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY INSTITUTION ONLY**

This is to certify that \_\_\_\_\_ D.O.B. \_\_\_\_\_  
is anticipated to receive his/her \_\_\_\_\_ Degree/Degrees, with a major in the  
\_\_\_\_\_ discipline, on \_\_\_\_\_  
from \_\_\_\_\_.

**Signature of Registrar/Academic Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Seal:**

*\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.*

**THIS FORM IS TO BE COMPLETED BY FORMER OR CURRENT EMPLOYER VERIFYING WORK EXPERIENCE.  
Make additional copies as needed.**

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



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**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

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*Please return this form to:*  
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Tallahassee, FL 32399-6500

**Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

<b>Applicant Name:</b> _____		<b>Title:</b> _____	
<b>Employer / Company Name:</b> _____		<b>Employer / Company Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____	
<b>Employer Contact Name:</b> _____		<b>Contact Number:</b> _____	
<b>Dates of Employment:</b>		<b>Number of Hours Per Week:</b>	
From: _____	To*: _____	_____	
<b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Number of Hours Per Week:</b>	
From: _____	To: _____	_____	
From: _____	To: _____	_____	
From: _____	To: _____	_____	
<b>Total Months of Experience:</b>			
Routine (in months): _____ + Responsible Charge (in months): _____ = <b>Total Months of Experience</b> _____			
If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S.			
<b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>			
_____	_____	_____	_____
<i>Print name and license number of surveyor and mapper verifying experience</i>	<i>Sealed</i>	<i>Signature of licensed surveyor and mapper verifying experience</i>	<i>Date</i>

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.