

**For Office Use Only**

Date Received: \_\_\_\_\_

Check # \_\_\_\_\_

MO # \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

### SURVEYING APPLICATION

**IMPORTANT**—Do not fill in until you read and understand this form. This form must be filled in completely. The applications shall be accompanied by the proper filing fee. Mail Application and fee to the above address.

#### 1. GENERAL INFORMATION

Legal Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Mr.  Ms.  (please check one)

(Please provide Alias or Maiden Name if transcripts or other documents are recorded as such.)

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Present Position (your title and firm name) \_\_\_\_\_

Business Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Fax number \_\_\_\_\_ Email Address \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Application is hereby made for: *(Please check only one)*

- Principles & Practice of Surveying Exam & NM 2HR State Specific Exam (Fee: \$150)  
 Licensure by Endorsement & NM 2Hr State Specific Exam (Fee: \$200)  Reinstatement of License \_\_\_\_\_ (Fee: \$200)

#### 2. EDUCATION

NCEES Council Record applicants: please check . You do not need to complete this section.

Give in chronological order the name of each college or university, attended, the time spent in each and, the degree received and date graduated. An official transcript of your college record must be sent to the Board by the school before the application will be considered.

Name of College / University	From Date to Date	Major	Degree Received	Date Graduated
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**NOTE:** When you provide a check payment, you authorize the State of New Mexico to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

**PAYMENT METHOD:**  Check  Money Order (Make Check or MO payable to: NMBLPEPS)

**This application and payment must be mailed. Faxes or emails are not acceptable.**

3. PREVIOUS LICENSURE

NCEES Council Record applicants: please check . You do not need to complete this section.

Name of State	Year Licensed/ SI Certified	How Licensed/ Certified: written or oral exam (give number of hours), reciprocity, long experience, etc.	S.I. and P.S.	Lic. / Cert. No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you a NM Surveying Intern (SI)? \_\_\_\_\_ Cert. # \_\_\_\_\_ Date \_\_\_\_\_

Have you ever applied in NM? \_\_\_\_\_ Type of application \_\_\_\_\_ Date \_\_\_\_\_

4. SURVEYING EXPERIENCE RECORD\*

NCEES Council Record applicants: please check . You do not need to complete this section.

EXPERIENCE MUST BE TYPED ON THESE FORMS.  
RESUMES WILL NOT BE ACCEPTED IN LIEU OF THIS FORM. (COPY FORM FOR ADDITIONAL SPACE.)

DATES	TIME SPENT	WORK EXPERIENCE AND TITLE OF EACH POSITION <i>Give concise explicit statement, including magnitude and complexity of work, your duties and degree of responsibility.</i> Start a new engagement with each significant change in assignment or responsibility, (Instrument-man, Inspector, Asst. Engr., GS-10, etc.) List engagements chronologically from present to past. Use extra sheets if necessary. <b>Resumes in lieu of this form are not accepted.</b>	BUSINESS NAME, EMPLOYER NAME, TITLE & ADDRESS of professional surveyor familiar with each engagement, preferably your immediate superior. <b>(This person should be used as your reference in Section 5.)</b>
From-To	(In Years & Months)		

*\*If there is discontinuity in your surveying experience, please explain.*

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From-To	(In Years & Months)		

\*If there is discontinuity in your surveying experience, please explain.

5. REFERENCES

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Give the name and addresses, including zip codes, of five persons, not members of the board, three or more of whom shall be licensed surveyors, who have personal knowledge of your character and experience and who will be receiving from you a reference form. (If applying for the SI, only three references are required, two of whom shall be professional surveyors.)

Name	Complete address with zip code	Position
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____
4. _____ _____	_____	_____
5. _____ _____	_____	_____

6. AFFIDAVIT

Have you ever been convicted, plead guilty, or entered a plea of nolo contendere to any crime under the laws of the United States, or any state, territory or county thereof, which is a felony, misdemeanor or otherwise, an essential element of which is moral turpitude?  
 Yes  No

Or have you been disciplined by any other licensing board?  Yes  No

If yes to either or both questions, provide complete and full detail on a separate sheet to include but not limited to: Name and location of court or licensing board administering disciplinary action, date and type of disciplinary action, i.e. fine, imprisonment, sanction, suspension of license, revocation of license, other type of disciplinary action.

STATE OF \_\_\_\_\_  
County of \_\_\_\_\_

(This section to be completed by the Notary)

I, (Applicant name) \_\_\_\_\_, being first duly sworn, depose and say that I am the applicant named in this application, that I have read the contents thereof, and that, to the best of my knowledge and belief, the foregoing statements are true and correct in every respect.

Subscribed and sworn to me before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

(SEAL)

**Americans with Disabilities Act** – No qualified individual with a disability shall, by reason of such disability, be excluded from participating in or be denied the benefits of the services, programs, or activities of the Board or be subjected to discrimination by this Board. To obtain further information please contact the Board office.