

INSTRUCTIONS FOR COMPLETING THE PS APPLICATION

Applications will not be processed if instructions are not followed.

1. ALL APPLICATIONS MUST BE TYPED! Please include your first, middle and last name.
2. Enclose a photograph of yourself taken within the last six months.
3. A signed and notarized copy of the Rules of Professional Conduct must be included with your application.
4. Ask your five (5) references to type or print clearly with a ball-point pen when completing the form. Three must be current professional surveyors who are familiar with your work (not relatives and not members of this Board).
5. Complete the experience sheets fully –Board Members are not familiar with your work, so your experience must be judged and evaluated on the information you provide. Experience information must be detailed and complete, and should, at a minimum demonstrate knowledge of and experience in a public land survey system. Please account for all time after the age of 18 or high school graduation. Please break down your work according to the column headings.
NOTE: Experience sheets for Reinstatements should account for all time since DATE OF ORIGINAL ARKANSAS APPLICATION.
6. FEES:
Make check payable to: Arkansas PELS Fund.
Application*:
Original: \$75.00
Reciprocal/Comity (this includes the \$25 State Specific Exam Fee): \$200.00
Examination*:
Professional Surveying Exam (NCEES 6 hr): \$180.00
Arkansas two (2) hour State Specific Exam (retakes only): \$25.00
*THE APPLICATION AND EXAM FEES MUST BE SUBMITTED WITH YOUR APPLICATION. All payments shall be non-refundable, unless waived by Board action. After your application has been approved you will need to contact NCEES to whom you will pay a \$70.00 fee for administration of the examination.
7. If you have attended any secondary educational institutions or correspondence courses, include a transcript from each institute or correspondence course being submitted.
8. Reciprocal applicants are required to take a two (2) hour Arkansas State Specific Exam. When your application has been approved by the Board, you will be notified of the time and place.
9. Examinations are given in APRIL and OCTOBER:
Applications to be considered for the APRIL exam must be in the Board's Office complete by JANUARY 1st. This includes all five (5) references and verifications.
Applications to be considered for the OCTOBER Exam must be in the Board's Office complete by JULY 1st. This includes all five (5) references and verifications.
10. It is the responsibility of the applicant to forward all references and verification forms to the appropriate parties. Please feel free to call the AR Board if you would like to check the status of your application. Do not call the Board for results of examinations. As soon as you are licensed, your name will appear on our roster at our website.
11. Please visit our home page at www.arkansas.gov/pels or call our office at (501) 682-2824 for our physical street address. If overnighting your application packet, don't forget to provide our telephone number to the delivery company.

IMPORTANT: Information received after the deadline will be filed and the application will be retained until the next testing date.

General Requirements for Licensure & Certification

**May be viewed on
our website:** www.arkansas.gov/pels
**Under State Laws and Rules
Article 8**

Arkansas Surveyor Intern Applicants

Please disregard the Board Verification Form. We will verify your Fundamentals of Surveying Exam. The Board verification form is for non-Arkansas Surveyor Interns.

Comity Applicants

If you have a National Council Record, please request that your record be transmitted to Arkansas. Then disregard these forms:

Verification of College; however, you must list them on the application form under COLLEGE EDUCATION.

Verification of FS & PS Exams

Experience Sheets
(You may have no more than four (4) updates)

References

Arkansas requires five (5) references that are less than one year old. Please call NCEES, 864-654-6824, to make sure your references are not over a year old. If they are over a year old, you may want to update your references first (using the NCESS Reference Update Form or you can use the Arkansas Reference Form), then request your record to be sent to Arkansas. Note: you must also list your references on the application form under **REFERENCES**.

Reinstatement Applicants

Call our office for information and fees
You may disregard the following form:

Verification of College

Experience Sheets must cover the period from original application to date.

**ARKANSAS STATE BOARD OF LICENSURE FOR
PROFESSIONAL ENGINEERS AND PROFESSIONAL SURVEYORS
P. O. Box 3750
Little Rock Arkansas 72203
Phone (501) 682-2824 Fax (501) 682-2827
www.arkansas.gov/pels**

PROFESSIONAL SURVEYOR APPLICATION

Important -Do not complete this form until you read the instructions and the guidelines and you understand what is required. **All information must be typed and all questions must be answered.**

1. Name in full: _____ 2. Date: _____

3. If you have ever used another name, list here _____

4. S. S. No. _____

5. Phone #(O) _____ Ext. _____
(H) _____ Fax _____

6. Date of Birth: _____

7. E-mail address: _____

8. Mailing address: _____

9. Is mailing address company address? Yes ___ No ___

10. Employer: _____

11. Position: _____

Attach recent photo with face not less than
3/4 inch wide. Please tape sides down.

12. Photo taken _____ mon/yr

13. Are you a resident of Arkansas? Yes ___ No ___

14. Are you applying for written exam in Arkansas? Yes ___ No ___

15. Are you applying for registration by reciprocity? Yes ___ No ___

16. Are you applying for reinstatement? Yes ___ No ___ AR PS # _____

17. Indicate below examination data: *month/year* *Date issued*

Fundamentals of Surveying exam: State _____ Exam date: _____ SI # _____

Principles & Practice of Surveying: State _____ Exam date: _____ PS# _____

18. State and Date of first licensure as a Professional Surveyor State _____ Date _____

19. Other States in which you are licensed as a Professional Surveyor: _____

20. Have you previously filed an application with this Board for any purpose (includes Surveyor Intern)?

Yes ___ No ___

21. Have you been denied registration in any State or Territory? Yes ___ No ___

If yes, list State _____ Date _____

22. Have you ever been convicted of a crime (felony or misdemeanor, except traffic violation)? Yes ___ No ___
23. Have you ever been charged with a crime (felony or misdemeanor, except traffic violation), the disposition of which was other than by acquittal or dismissal? Yes ___ No ___
24. Have you ever surrendered your license or been found guilty of professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? Yes ___ No ___
25. Are charges pending against you for professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? Yes ___ No ___

(Affirmative answers to questions 20 thru 25 should be explained in Item 26).

26. Explanations of affirmative answers for questions 20 thru 25 on pages one and two _____

COLLEGE EDUCATION

*27. Institution Attended	Period of Attendance		Date Graduated	Degree Received	
	Name	Location			From

28. REFERENCES

Names and addresses of five (5) references (5 separate people) of which three (3) must be current Professional Surveyors, who have personal knowledge of your character, professional reputation, and accomplishments. At least one (1) of the PS references must be from a current or previous supervisor.

Name	Address	Phone #	State of PS licensure
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

*Please complete 27 and 28 even if you have requested that your NCEES record be forwarded to this Board.

29. Provide Experience Sheets

(Reinstatements: ACCOUNT FOR PERIOD(S) SINCE DATE OF ORIGINAL ARKANSAS REGISTRATION)

AFFIDAVIT CERTIFICATION, AUTHORIZATION AND RELEASE

State of _____ County of _____

Name of Applicant _____, being first duly sworn, deposes and says

I, the applicant named in this application, have read the contents hereof, and to the best of my knowledge and belief the statements contained in this application are true in substance and effect and are made in good faith and I hereby subscribe to and agree to conform with the Rules of Professional Conduct set forth in the Rules of the Board.

I also hereby authorize any individual, company or institution with whom I have been associated to furnish the Arkansas State Board of Licensure for Professional Engineers and Professional Surveyors with any information concerning my qualifications for professional registration in Arkansas which they have on record or otherwise, and do hereby release the individual company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

Subscribed and sworn to before me this:

_____ day of _____, 20_____

(Signature of Applicant)

(SEAL)

My Commission expires _____ day of _____, 20_____

(Signature of Notary Public)

NOTE TO APPLICANTS: It is your responsibility to see that the reference and verification forms are returned **directly** to the Board office. This application cannot be considered until all transcripts; verification forms and reference forms are returned.

RULES OF PROFESSIONAL CONDUCT

PREAMBLE

To comply with the purpose of the ARK CODE ANNO. 17-30-101 ET. SEQ. And ARK CODE ANNO. 17-48-101 ET. SEQ. Which is to safeguard life, health, and property, to promote the public welfare and to maintain a high standard of integrity and practice, the Arkansas State Board of Licensure for Professional Engineers and Professional Surveyors has developed the following Rules of Professional Conduct. These rules shall be binding on every person holding a Certificate of Registration to offer or perform engineering or land surveying services in this state. All persons registered under the ARK CODE ANNO. 17-30-101 ET SEQ. And ARK CODE ANNO. 17-48-101 ET SEQ are required to be familiar with the registration Statute and these Rules. The Rules of Professional Conduct delineate specific obligations the licensee must meet. In addition, each licensee is charged with the responsibility of adhering to standards of highest ethical and moral conduct in all aspects of the practice of Professional Engineering and Professional Surveying.

The practice of Professional Engineering and Professional Surveying is a privilege. All licensees shall exercise their privilege of practicing by performing services only in the areas of their competence according to current standards of technical competence.

Licensee shall recognize their responsibilities to the public and shall represent themselves before the public only in an objective and truthful manner.

They shall avoid conflicts of interest and faithfully serve the legitimate interest of their employers, clients and customers within the limits defined by these Rules. Their professional reputation shall be built on the merit of their services and they shall not compete unfairly with others.

The Rules of Professional Conduct as promulgated herein are enforced under powers vested by the Arkansas State Board of Licensure for Professional Engineers and Professional Surveyors and the Rules of the Board. In these Rules, the word "Licensee" shall mean any person holding a license or a certificate issued by the Arkansas State Board of Licensure for Professional Engineers and Professional Surveyors.

I. LICENSEE'S OBLIGATION TO SOCIETY

- A.** Licensees, in the performance of their services for clients, employers and customers, shall be cognizant that their first and foremost responsibility is to the public welfare.
- B.** Licensees shall approve and seal only those design documents and surveys that conform to accepted engineering and land surveying standards and safeguard the life, health, property and welfare of the public.
- C.** Licensees shall notify their employer or client and such other authority as may be appropriate when their professional judgment is overruled under circumstances where the life, health, property and welfare of the public is endangered.
- D.** Licensees shall be objective and truthful in professional reports, statements or testimony. They shall include all relevant and pertinent information in such reports, statements or testimony.
- E.** Licensees shall express a professional opinion publicly only when it is founded upon an adequate knowledge of the facts and a competent evaluation of the subject matter.
- F.** Licensees shall issue no statements, criticisms or arguments on technical matters which are inspired or paid for by interested parties, unless they explicitly identify the interested on whose behalf they are speaking and reveal any interest they have in the matters.
- G.** Licensee shall not permit the use of their name or firm name by, nor associate in business ventures with, any person or firm which is engaging in fraudulent or dishonest business or professional practices.
- H.** Licensees having knowledge of possible violations of any of these Rules of Professional Conduct shall provide the Board information and assistance necessary to the final determination of such violation.
- I.** Licensees that are salespersons for or who represent a particular product or system shall qualify any public statement made concerning their product or system.

II. LICENSEE'S OBLIGATION TO EMPLOYER, CLIENTS AND CUSTOMERS

- A.** Licensees shall undertake assignments only when qualified by education or experience in the specific technical fields of engineering or land surveying is involved.

- B. Licensees shall not affix their signatures or seals to any plans or documents dealing with subject matter in which they lack competence, nor to any such plan or document not prepared under their direct control and personal supervision.
- C. Licensees may accept assignments for coordination of an entire project, provided that each design segment is signed and sealed by the licensee responsible for preparation of that design segment.
- D. Licensees shall not reveal confidential facts, data or information obtained in a professional capacity without the prior consent of the client or employer except as authorized or required by law.
- E. Licensees shall not solicit or accept financial or other valuable consideration, directly or indirectly, from contractors, their agents or other parties in connection with work for employers or clients.
- F. Licensees shall make full prior disclosures to their employers or clients of potential conflicts of interest or other circumstances which could influence or appear to influence their judgment or the quality of their service.
- G. Licensees shall not accept compensation, financial or otherwise, from more than one party for services pertaining to the same project, unless the circumstances are fully disclosed and agreed to by all interested parties.
- H. Licensees shall not solicit or accept a professional contract from a governmental body on which a principle or officer of their organization serves as a member. Conversely, licensees serving as members, advisors, or employees of a governmental body or department, who are the principals or employees of a private concern, shall not participate in decisions with respect to professional services offered or provided by said concern to the governmental body which they serve.

III. LICENSEE'S OBLIGATION TO OTHER LICENSEES

- A. Licensees shall not falsify or permit misrepresentation of their, or their associates; academic or professional qualifications. They shall not misrepresent or exaggerate their degree of responsibility in prior assignments nor the complexity of said assignments. Presentations incidental to the solicitation of employment or business shall not misrepresent pertinent facts concerning employers, employees, associates, joint ventures or past accomplishments.
- B. Licensee shall not offer, give, solicit or receive, either directly or indirectly, any commission, gift, or other valuable consideration in order to secure work, and shall not make any political contribution with the intent to influence the award of a contract by a public authority.
- C. Licensees shall not attempt to injure, maliciously or falsely, directly or indirectly, the professional reputation, prospects practice or employment of other licensees, nor indiscriminately criticize other licensee's work.
- D. Licensees who are aware of any alleged violations of the Law, Rules of the Board, or these Rules of Professional Conduct by a fellow licensee may counsel with that licensee to determine the facts. If correction is not made the licensee shall report the violation to the Board and other proper authorities.
- E.

Signature

State of _____

County of _____

On the ____ day of _____, 20_____, before the undersigned, a Notary Public in and for the County and State aforesaid, came _____ a resident in the State of

_____ known to me as the person herein described and subscribing hereto, as having signed the form of application on attached hereto, and on oath deposes and says that the statements made are true.

Subscribed and sworn to before me, this ____ day of _____, 20_____.

Signature Notary Public

NOTICE TO ALL APPLICANTS FOR REINSTATEMENT OR COMITY LICENSURE
(This form is for PS's licensed in another state)

Practicing Surveying in the State of Arkansas without a license is a violation of state law. Arkansas requires the passing of a two (2) hour Arkansas specific exam for all comity applicants. This exam is regularly given in April and October and by appointment in Little Rock.

The following questions must be answered in the space provided. Each question should be answered in detail.
Do not leave any line blank.

1. The reason you wish to become registered (reinstated) in Arkansas.

2. Information regarding any project in Arkansas on which you may have performed Surveying services as a subordinate or employee of another Professional Surveyor. Please provide the name of the Professional Surveyor in charge and the Arkansas PS #. This includes work performed during the period your Arkansas license was not active.

3. The current project or projects in Arkansas on which you contemplate performing Professional Surveying Services if the information is not confidential.

4. The status of plans or reports on any project in Arkansas for which you have been retained as a surveyor.

5. I certify that I will not practice, or offer to practice, Surveying as defined in the Laws of the State of Arkansas and Rules of the State Board of Licensure for Professional Engineers and Professional Surveyors on any project in Arkansas until I have received a Professional Surveyor's license.

Signature: _____

Print Name: _____

OFFERING TO PROVIDE, CONTRACTING FOR OR PROVIDING SURVEYING SERVICES PRIOR TO THE APPLICANT OR HIS FIRM BECOMING LICENSED MAY BE A VIOLATION OF THE BOARD'S LAWS AND RULES. (SEE A.C.A. § 17-48-201 AND ARTICLE 16 OF THE BOARD'S RULES ON ITS WEBSITE AT WWW.ARKANSAS.GOV/PELS). IF A VIOLATION OCCURS IT COULD SUBJECT THE APPLICANT AND FIRM TO DISCIPLINARY ACTION AND FINES AND/OR SIGNIFICANTLY DELAY OR PROHIBIT THE APPLICANT OR FIRM FROM BECOMING LICENSED.



**ARKANSAS
STATE BOARD OF LICENSURE
FOR PROFESSIONAL ENGINEERS &
PROFESSIONAL SURVEYORS**

**P.O. BOX 3750
LITTLE ROCK, ARKANSAS 72203-3750
www.arkansas.gov/pels
Phone (501) 682-2824
Fax (501) 682-2827**

Office of Registrar: _____(College Name)

Applicant's Name (First, Middle & Last): _____ S.S. #: _____

Birthdate: _____ Phone: _____

Dear Sir or Madam:

The above named individual has filed an application for licensure with this Board. In regard to his/her education, he/she states as follows:

List Types of Degrees and Date Received:

ONLY a registrar may complete this form.

Registrar Completes: place college seal here

Correct: _____

Incorrect: _____

Registrar's name: _____

Phone number: _____

Date: _____

Please check your records and advise this Board as to the accuracy of that portion of his/her educational record which pertains to your school. Your cooperation in this matter will be sincerely appreciated.

Yours very truly,
Executive Director
ARKANSAS STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS
AND PROFESSIONAL SURVEYORS

NOTE: Applicant should complete top portion and forward to college with stamped envelope addressed to Arkansas Board, P.O. Box 3750, Little Rock, AR 72203-3750.

Board Verification Request Please include an envelope for your Board(s).

(If you are licensed in Arkansas, please disregard this sheet)

TO: Arkansas State Board of Licensure For
Professional Engineers and Professional Surveyors
P.O. Box 3750
Little Rock, AR 72203-3750

DATE _____

(Name of Applicant)

(Street Address)

_____, _____, _____
(City) (State) (Zip)

Phone(_____) _____ - _____

Social Security _____ - _____ - _____

Date of Birth _____ - _____ - _____

FROM:

I. THE ABOVE-NAMED PERSON WAS LICENSED AS:

	Certificate Number	Date Issued	Valid Until
<input type="checkbox"/> ENGINEER INTERN	_____	_____	_____
<input type="checkbox"/> PROFESSIONAL ENGINEER	_____	_____	_____
<input type="checkbox"/> SURVEYOR INTERN	_____	_____	_____
<input type="checkbox"/> PROFESSIONAL SURVEYOR	_____	_____	_____

II. BASIS OF LICENSURE:

	Hours	Results	NCEES	Exam Date
1. <input type="checkbox"/> WRITTEN EXAMINATION	FE _____	_____	_____	_____
PE Application Date: _____	PE _____	_____	_____	_____
	FS _____	_____	_____	_____
	PS _____	_____	_____	_____

STATE SPECIFIC/OTHER:

EXAMINATION OPTION: (DISCIPLINE) _____

2. FE/FS ACCEPTED FROM: _____

PE/PS ACCEPTED FROM: _____

3. Was the NCEES cut score Used? YES ___ NO ___ If NO, please explain _____

4. Were veteran preference points applied to the score? YES ___ NO ___ If YES, please explain _____

5. GRADUATION AND EXPERIENCE: If combined time was less than 8 years experience or degree was a non-ABET engineering curriculum, please check here () and give details on the other side.

6. Any disciplinary action taken () Enforcement Exchange Please explain on reverse side

III. REMARKS:

(Board Seal)

BY: _____

TITLE: _____

DATE: _____

**A STAMPED, ADDRESSED ENVELOPE IS ENCLOSED FOR RETURN OF THIS FORM.
If a fee is required, notify the applicant by phone, please do not delay the processing of this form.**

Professional Surveyor Reference applying for PS exam PS reinstatement reciprocity

Applicant completes:

Applicant's Name: _____

Address: _____

Phone#: _____

Have You And Respondent Been Employed By, Or Been Members Of, The Same Firm? Yes No

If Yes, Please Supply The Following Information:

From-To: _____

Name of Firm: _____

City: _____ Applicant's Position: _____

Respondent's Position: _____

Have You Known Each Other In Other Circumstances? Yes No If yes, please explain on back of this form.

Reference completes:

1. Is the above information correct as stated? Yes No If no, please explain on back of this form.

2. How long have you known the applicant? _____

3. I (am) (am not) related. Relationship _____

4. What is your business relationship to the applicant? _____

5. Please define the individuals character and reputation. _____

6. Do you have personal knowledge of the applicant's surveying work? Yes No

7. How do you rate the practice and quality of performance of the applicant's surveying work?

Type of Practice	Above Average	Average	Below Average	Unsatisfactory
parcel boundary surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
subdivision surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
plat drafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boundary research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other boundary surveying work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
which justify applicant's registration as a surveyor				

8. I (would)(would not) employ applicant on a project where his/her decisions would be final because:

9. The following is my evaluation of the applicant's ability as a surveyor _____

PLEASE TYPE OR PRINT CLEARLY Name of Respondent: _____

Respondent's current Surveying Licensure: State: _____ *Lic. #: _____ Year: _____

Name of Respondent's Firm: _____

Address: _____

Phone: _____ Signature: _____

Position In Firm: _____ Date: _____

*ALL NON-ARKANSAS P.S. REFERENCES MUST SUPPLY A COPY OF YOUR POCKET CARD OR A PRINTOUT FROM YOUR STATE BOARD'S WEBSITE OF YOUR LICENSE TO VERIFY CURRENT LICENSURE. Mail to: Arkansas State Board of Licensure for Professional Engineers and Professional Surveyors, P.O. Box 3750, Little Rock, AR 72203-3750.

Experience Record For: _____ Date of Birth: _____ (m/yr) Date of Degree: _____

(Read Instructions Carefully Before Completing this Section)

(Copy this page if you need more room for your experience.)

(Total time cannot exceed calendar time.)

Engagement Number	Dates: Mo.- Day - Yr. From _ To	TITLE OF POSITION, NAME OF EMPLOYER AND CHARACTER OF EACH ENGAGEMENT. Make statements concise and explicit, include nature, magnitude, and complexity of work on which engaged, your duties and degree of responsibility. Comity applicants should particularly describe experience in a public land survey system. LIST ENGAGEMENTS IN CHRONOLOGICAL ORDER, EARLIEST ENGAGEMENT AS NO. 1. DOUBLE SPACE BETWEEN ENGAGEMENTS. (Do not let description of engagements run into columns for date or time.) [ALL TIME SINCE HIGH SCHOOL OR AGE 18 (whichever is later) MUST BE ACCOUNTED FOR, INCLUDING MILITARY, ILLNESS, SCHOOL, UNEMPLOYMENT, ETC.]	Time Yrs. To decimals in tenths						Name, Title, Address and license number of Person Who Supervised Your Surveyor Work
			(1)	(2)	(3)	(4)	(5)	(6)	
			Other or sub professional work such as instrument or rodman	Professional Work in Surveying as a Party Chief and above					
Topographic mapping & construction stakeout	Boundary Land	Title Search, Description & Platting		Computing & Mapping					

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1. Total Other or sub professional work such as instrument or rodman

2. Total Topographic Mapping & Construction Stakeout.....

3. Total Professional Time in Boundary Land Surveying.....

4. Total Professional Time in the Title Searching and Preparing Deed Descriptions.....

5. Total Professional Time in Computing and Mapping.....

6. Total Professional Time 2+3+4+5 (Not to exceed calendar time).....