

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

P.O. Box 3750

Little Rock, Arkansas 72203

www.arkansas.gov/pels

Phone (501) 682-2824 Fax (501) 682-2827

**APPLICATION FOR LICENSURE
AS A SURVEYOR INTERN**

GENERAL INFORMATION

Date Received Application:

Check: _____

Name in full _____ Date _____

If you have ever used another name list it here _____

Social Security No. _____

Telephone (H) _____ (Fax) _____

Telephone (O) _____ Ext. _____

Employer _____ E-Mail _____

Preferred Mailing Address _____

Is this your preferred mailing address? Yes No

Present Position _____

Place of Birth _____

Date of Birth _____ Age _____

Photo taken on _____ mo/yr

Are you a resident of Arkansas? _____ Since _____ (year)

Are you a U.S. citizen? Yes No If not, where? _____

Have you taken the LSIT exam previously? Yes No Where? _____ When? _____

Please tape sides down

**Attach Recent Photograph
With Face Not Less
Than 3/4" Wide**

EDUCATION

Preparatory Education (Circle Highest Grade Completed)

1 2 3 4 5 6 7 8 9 10 11 12

Attended high school at _____ for _____ years

Graduated on _____

COLLEGE OR TECHNICAL EDUCATION

| INSTITUTION ATTENDED | | PERIOD OF ATTENDANCE | | | TECHNICAL | DATE | DEGREE |
|----------------------|----------|----------------------|-------|-------|-----------|-----------|----------|
| NAME | LOCATION | FROM | TO | YEARS | COURSE | GRADUATED | RECEIVED |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |



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

**P.O. BOX 3750
LITTLE ROCK, ARKANSAS 72203-3750**

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Phone (501) 682-2824
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Office of Registrar _____ (College Name)

Applicant's First, Middle & Last Name: _____ 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 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.

Surveyor Intern Reference Form

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

Applicant's Name

Note: The applicant will forward this form to each reference. Each reference is requested to complete it fully and forward directly to the Board.

(Please use black typewriter ribbon or a dark ball-point pen)

PERTAINING TO APPLICANT

1. I have known the applicant for _____ years.
2. I (am) (am not) related. Relationship _____

3. Applicant is employed by _____

4. Applicant's general reputation and character are _____

5. I believe applicant's technical ability to be (fair) (average) (good) (excellent) (superior).
6. My business connection with applicant (is) (has been) _____

7. In your opinion has the applicant had experience in (a) boundary surveys (b) area surveys (c) mapping
(d) land descriptions and other surveying work which justify applicant's registration as a surveyor.
8. The following is my evaluation of the applicant's ability as a surveyor.

PERTAINING TO REFERENCE

My business of profession is:

I am a current licensed professional surveyor in the state of _____ *Lic.No. _____

I am associated with:

Address:

Please Type or Print Your Name _____ Signature _____

Telephone: _____ Date: _____

*ALL NON-ARKANSAS PS 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 Board, P.O. Box 3750, Little Rock, AR 72203-3750.

Experience Record For: _____ Date of Birth: _____ 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. 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) | |
| | | | Professional Work in Surveying as a Party Chief and above | | | | | | |
| | | | Other work | Construction & Engineering | Boundary Land | Title Search, Description & Platting | Computing & Mapping | Total PS Experience Columns 2, 3, 4 and 5 | |
| | | | | | | | | | |

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1. Total Other Work Time.....

2. Total Professional Time in Construction & Eng. Surveying.....

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).....

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