

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

INSTRUCTIONS FOR COMPLETING SURVEYOR INTERN (SI) APPLICATION

This application is to be used by non-students

All applications will be returned immediately if these instructions are not followed exactly.

1. APPLICATION MUST BE TYPED. Please include your first, middle and last name.
2. Enclose one recent photograph of yourself.
3. Ask your (3) references to type or print clearly with a ball-point pen when completing the form. Two must be current licensed professional surveyors who are familiar with your work (not relatives and not members of this Board).
4. Complete the experience sheets fully – the Board is not familiar with your work, so your experience must be judged and evaluated on the information you furnish. 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 age 18 or high school graduation.
5. FEES:
Make check payable to: Arkansas PELS Fund.
Application*:
Surveyor Intern: \$50.00
Examination*:
Fundamentals of Surveying Exam: \$110.00
***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.
6. It is the responsibility of the applicant to forward all references and verification forms to the appropriate parties. As soon as you are approved to take the exam, you will be notified.
7. 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 three (3) references).
Applications to be considered for the OCTOBER Exam must be in the Board's Office complete by JULY 1st. (This includes all three (3) references).
8. 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.
9. Please include any transcripts from educational institutions attended or correspondence courses taken.

IMPORTANT: If any information or reference sheets are received in this office after the deadline, they will be placed in your file and retained until the next testing date.

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Phone (501) 682-2824 Fax (501) 682-2827
**APPLICATION FOR LICENSURE
AS A SURVEYOR INTERN**

Date Received Application: _____

 Check: _____

GENERAL INFORMATION

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 work address? _____ Present Position _____

Place of Birth _____

Date of Birth _____ Age _____

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

Are you a U.S. citizen? _____ If not, where? _____ Photo taken on _____ mo/yr

Have you taken the SI exam previously? _____ 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

REFERENCES

Give the names of 3 references, **not relatives and not members of this Board**. Two must be licensed professional surveyors who are familiar with your work.

Name	Mailing Address—Street and Number	City	State	Zip Code

MEMBERSHIP IN SOCIETIES, ASSOCIATIONS, OR INSTITUTIONS
(Professional or Scientific)

Name of Organization	Location	Grade of Membership	Date of Entrance

I do hereby certify that I have read the Rules and Regulations of the Board, the Rules of Professional Conduct, and the Arkansas Minimum Standards for Property Boundary Surveys and Plats, and by submitting this application agree to be bound by the Acts of Arkansas, the Rules and Regulations of the Board, the Rules of Professional Conduct, and the Minimum Standards and that a violation of any of the above could be the basis for revocation of my license.

Signature of Applicant

AFFIDAVIT
(To be attested before a Notary Public or other officer authorized to administer oaths)

State of _____

ss

County of _____

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

Aforesaid, came _____

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

Signature of Affiant _____

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

(Notary Public)

ENDORSEMENT

I, _____, _____
(Name) (Title or Position)

of the _____ herby certify that I have examined the foregoing record which to the best
EMPLOYER OR SUPERVISOR

of my knowledge and belief is correct and recommend that the applicant named herein be approved for examination as a Surveyor Intern.

EMPLOYER OR SUPERVISOR



**ARKANSAS
STATE BOARD OF LICENSURE
FOR PROFESSIONAL ENGINEERS AND
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 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 Types of Degrees and Date Received:

ONLY a registrar may complete this form.

<i>Registrar Completes: place college seal here</i>	
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.

Surveyor Intern

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

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: _____ (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. 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						Name, Title, Address and license number of Person Who Supervised Your Surveyor Work
			(1) Other or sub professional work such as instrument or rodman	(2) - (6) Professional Work in Surveying as a Party Chief and above					
				(2) Topographic mapping & construction stakeout	(3) Boundary Land	(4) Title Search, Description & Platting	(5) Computing & Mapping	(6) Total PS Experience Columns 2, 3, 4 and 5	

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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).....