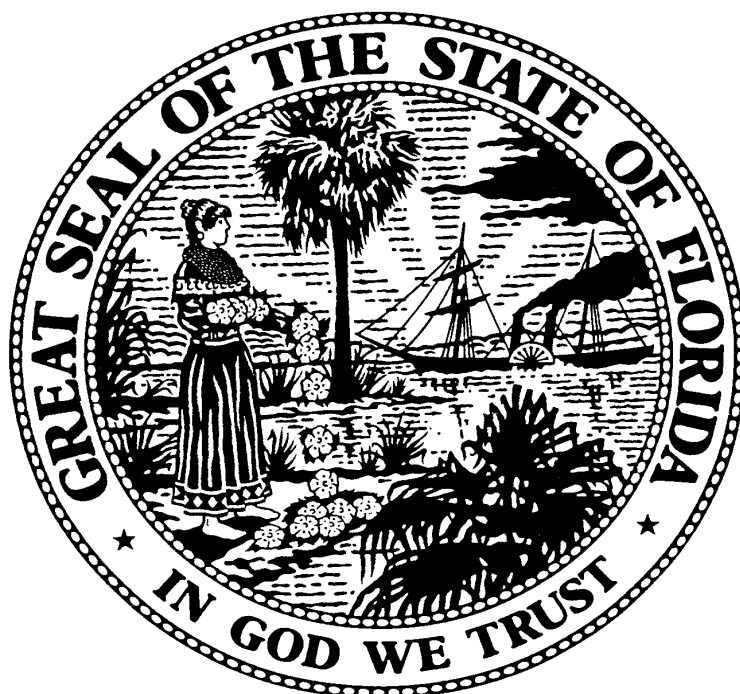


# FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM  
COMMISSIONER**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR REEXAMINATION**

Chapter 472, Florida Statutes

Florida Department of Agriculture and Consumer Services  
**Board of Professional Surveyors and Mappers**  
**Application for Reexamination**

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.

**INSTRUCTIONS**

Only complete applications will be presented for board review. The schedule for examinations is available online at: [www.800helpfla.com/psm](http://www.800helpfla.com/psm).

In order to become licensed as a Professional Surveyor and Mapper, an applicant must successfully pass three (3) exams:

1. Fundamentals of Land Surveying (Part I)
2. Principles and Practice (Part II)
3. Florida Jurisdictional, 100 Item Multiple Choice (Part III)

**FEES**

Beginning with the April 2010 exam, testing fees will be paid directly to National Council of Examiners for Engineering and Surveying (NCEES) after Florida Board approval.

**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**

- Submit this completed application to the Florida Department of Agriculture and Consumer Services (DOACS).

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

FDACS  
Surveyors and Mappers Program  
Terry Lee Rhodes Building  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
APPLICATION BY REEXAMINATION**

Chapter 472, Florida Statutes

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*  
www.800helpfla.com • 850-410-3804 *Fax*

Please send completed application to:

FDACS  
Terry Lee Rhodes Building  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500



**ADAM H. PUTNAM  
COMMISSIONER**

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

**APPLICANT INFORMATION**

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

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

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

- Yes  No Are you applying to retake the exam?  
If yes, please indicate last date of previous examination: \_\_\_\_\_
- Yes  No Please specify the date of your previous application: \_\_\_\_\_
- Yes  No Has any of your information changed since the submission of your previous application?  
If yes, please explain on attached sheet.
- Yes  No Have you ever been declared legally incompetent?  
If yes, please explain on attached sheet including full details as to court, date, circumstances,  
and medical practitioners consulted.
- Yes  No Have you ever been refused a surveying license – or the renewal thereof – in any state?
- Yes  No Have you ever been denied the right to take a surveying examination in any state?  
If yes, please explain on attached sheet including full details of the denial.

**EXAMINATION INFORMATION**

Please complete the following:

**Fundamentals of Land Surveying (Part I)** *If you are applying as an SIT this is the only part that is required.*

Have you passed this exam? State Board: \_\_\_\_\_ Year Passed: \_\_\_\_\_  
 Yes  No

**Principals and Practice (Part II)**

Have you passed this exam? State Board: \_\_\_\_\_ Year Passed: \_\_\_\_\_  
 Yes  No

**Florida Jurisdictional 100 Item Multiple Choice (Part III)**

Have you passed this exam? State Board: \_\_\_\_\_ Year Passed: \_\_\_\_\_  
 Yes  No

*\* 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.*

## SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability or if you have a religious conflict with the scheduled examination date.

Yes\*\*     No

*\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services immediately at 1-800-HELP-FLA (435-7352) if you're calling from within Florida, or 850-410-3800 calling from outside Florida.*

## AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, 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 the organization, individuals and groups listed above, any information which is the material to my application.

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. I understand that any information contained in my previous application is still valid unless I have indicated otherwise in this application.

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