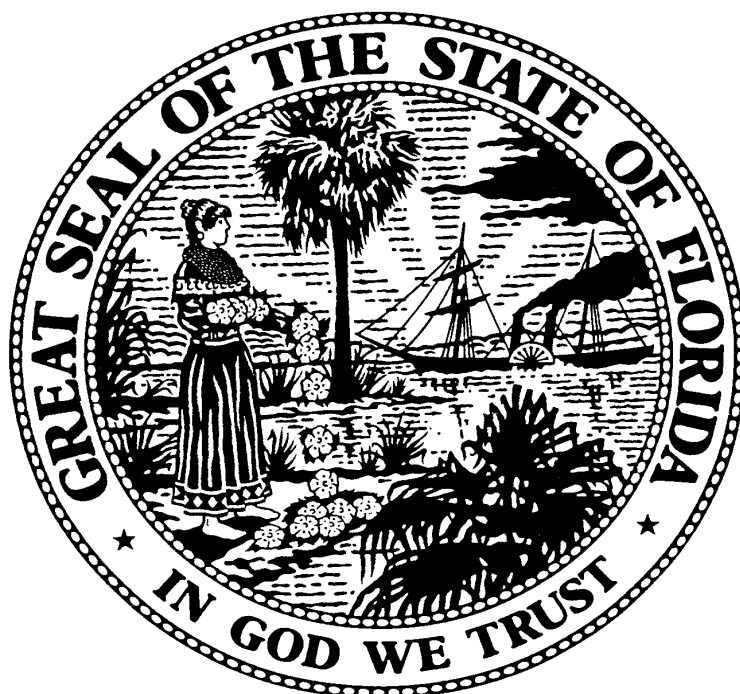


**FLORIDA DEPARTMENT OF AGRICULTURE AND
CONSUMER SERVICES**



**ADAM H. PUTNAM
COMMISSIONER**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS
APPLICATION FOR REINSTATEMENT OF NULL AND VOID LICENSE**

Chapter 472, Florida Statutes

Florida Department of Agriculture and Consumer Services
Board of Professional Surveyors and Mappers
Application for Reinstatement of Null and Void License

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 the information requested is provided. Please type or print in ink. Applicants are cautioned to read questions thoroughly. A false answer concerning background information will subject the applicant to denial or subsequent disciplinary action against the license.

APPLICATION REQUIREMENTS

Reinstatement of Null and Void License

- Submit this application along with your required \$125 fee. Additionally, submit payment in the amount of \$255 for every licensure biennium that you fail to renew. Make your check payable to the Florida Department of Agriculture and Consumer Services (DOACS).

- Proof of completion of a minimum 24 hours of continuing education credit in surveying and mapping, which shall include a course in Minimum Technical Standards (MTS) and Florida Laws and Rules, within 24 months prior to the submission of the application. Please visit www.800helpfla.com/psm for additional information regarding continuing education.
- Submit documents that verify your illness or unusual hardship;
- Submit a written time-line that chronologically documents when your surveyor and mapper license was last active, when your license became null and void, when you suffered your illness, and/or when you experienced an unusual hardship that prevented the renewal of the surveyor and mapper license.
- Submit documents that verify the applicant's illness or unusual hardship;

Please send your completed application, documentation and required fee(s) to:

Florida Department of Agriculture and Consumer Services
Surveyors and Mappers Program
P.O. Box 6700
Tallahassee, FL 32314-6700

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



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

*Make check or money order
payable and remit application to:*

Florida Department of Agriculture
and Consumer Services
P.O. Box 6700
Tallahassee, FL 32399-6700

APPLICANT INFORMATION

Name:

Suffix:

Null and Void License Number:

Date of Birth:

Gender:

** Social Security Number:

____ / ____ / ____

Male Female

Home Address (if applicable please include suite, apartment and/or unit numbers):

City:

State:

Zip Code: _____ - _____

County (if address is in Florida):

Country:

Please check if mailing address is the same as home address.

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

City:

State:

Zip Code: _____ - _____

County (if address is in Florida):

Country:

Email Address:

Contact Number(s):

(_____) _____ - _____
Home Phone

(_____) _____ - _____
Cellular Phone

(_____) _____ - _____
Business Phone

(_____) _____ - _____
Facsimile

*** 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.*

Org Code: 42100801000	
EO: A2	
Object Code: 001266	\$125
Object Code: 002231	\$250x2
42100802000 / 000000	\$5

EDUCATION HISTORY

Highest Grade Completed (Please check one):

High School:

1 2 3 4

College:

1 2 3 4

Graduate School:

1 2

Name and Address of School, College, or University Attended	Year of Graduation	Degree	Currently enrolled? <i>If Yes*, date of anticipated graduation.</i>	Foreign School <i>Was your school located overseas?</i>
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

A specific experience record is required for licensure as a surveyor and mapper. The experience must be as a subordinate to a licensed surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

472.005(6), Florida Statutes The term "**responsible charge**" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list all your previous employers where you have gained experience as a surveyor and mapper (attach additional sheets as necessary):

Employer 1	Employer / Company Name: _____		Employer / Company Address: _____	
	City: _____		State: _____	Zip Code: _____
	Supervisor's Name: _____		Contact Number: _____	
	Dates of Employment:		Number of Hours Per Week:	
	From: _____	To: _____	_____	
	Did you ever work on a part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Hours Per Week:	
	From: _____	To: _____	_____	
	From: _____	To: _____	_____	
	From: _____	To: _____	_____	
	Total Months of Experience:			
Routine (in months): _____	Responsible Charge (in months): _____			
Summary of Experience				

Employer 2	Employer / Company Name: _____		Employer / Company Address: _____		
	City: _____		State: _____	Zip Code: _____	
	Supervisor's Name: _____		Contact Number: _____		
	Dates of Employment:		Number of Hours Per Week:		
	From: _____ To: _____		_____		
	Did you ever work on a part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Hours Per Week:		
	From: _____ To: _____		_____		
	From: _____ To: _____		_____		
	From: _____ To: _____		_____		
	Total Months of Experience:				
Routine (in months): _____		Responsible Charge (in months): _____			
Summary of Experience					

CRIMINAL HISTORY INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer on "Exhibit 1" located below** (make additional copies as needed).

- a.** Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

Yes No
- b.** Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending?

Yes No
- c.** Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, refused, revoked, suspended, or otherwise acted against, or is a pending proceeding or investigation to deny such an application?

Yes No
- d.** Has any license, registration, certificate or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished surrendered, withdrawn, or otherwise acted against, in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

Yes No
- e. When was your license last active and in good standing with the Board?**

_____ / _____ / _____
mm dd yyyy

Submit a written time-line that chronologically documents when your surveyor and mapper license was last active, when your license became null and void, when you suffered your illness, and/or when you experienced an unusual hardship that prevented the renewal of the surveyor and mapper license.
- f.** Have you completed one (1) continuing education credit in surveying and mapping related courses or seminars, which shall include completion of Minimum Technical Standards (MTS) and Florida Laws and Rules courses, for each month that the your license was delinquent in accordance with the continuing education requirements of Rule 5J-17.041, F.A.C., within twenty-four (24) months prior to your submission of your application for reinstatement of a null and void license? Attached proof of completion of these continuing education courses.

Yes No

9. Have you engaged in the practice of surveying and mapping during the time period the applicant's surveying and mapping license was null and void? Yes No

GOOD FAITH STATEMENT

Statement Demonstrating Good-Faith Effort to Comply with Renewal and Explanation of Illness or Undue Hardship that Prevented Renewal:

Submit documents that verify the applicant's illness or unusual hardship.

ATTEST STATEMENT

I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.

I understand that I am filing this application for consideration by the Board. I understand that reinstatement of my license is left to the discretion of the Board.

I have successfully completed the education, if any, required for the level of licensure, registration, or certification sought.

I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.

I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.

I understand the types of misconduct for which disciplinary proceedings may be initiated.

Signature: _____ Date: _____