

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



ADAM H. PUTNAM  
COMMISSIONER

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
POST EXAMINATION REVIEW REQUEST**

Chapter 472, Florida Statutes

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 32314-6700

If you wish to request a review of your examination, complete this form and enclose the \$75 fee. This request **must be received** within twenty-one (21) days of the mailing date of the original grade notice. **ANY REQUEST RECEIVED PAST THE TWENTY-ONE (21) DAY DEADLINE WILL NOT BE PROCESSED.**

**CANDIDATE INFORMATION**

Name

Social Security Number \*\*

Mailing Address

Examination Date

City, State, Zip Code

Part(s) Failed

Telephone, including Area Code

Candidate Number

Alternate Telephone, including Area Code

English  ADA/Special

Email Address

**EXAMINATION REVIEW**

Review sessions will be held in Orlando and Tallahassee, Florida. However, all requests must be mailed to the address listed above. You will be notified, in writing, of the exact date, time and location of the review.

**REQUESTS: A review of the national exams (Fundamentals and Principles and Practice) is prohibited.**

Florida Multiple Choice

**Please Indicate Site Preference:**

Orlando

Tallahassee

*\*\* 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: 001253

\$75