Massachusetts Board of Registration of Professional Engineers and Professional Land Surveyors PLS Reinstatement Application Cover Sheet

All applicants must submit the follo	owing items along with the completed application form to DOL:
	ount of \$216.00 made payable to "Commonwealth of Massachusetts" upon approval of the reinstatement)
(licensu	re/certification fees will be assessed when all other requirements are met)
Documentation of experience, e Massachusetts to the present tin	.g. drawings, calculations, field notes, etc. <u>from</u> the earliest date of being registered in ne.
(Se	e application instructions for specifics on what can and cannot be submitted)
Social Security Number:	
	ision of Professional Licensure is required to obtain your social security number and forward it to the nent of Revenue will use your social security number to ascertain whether you are in compliance with
Applicants must also have the follo	owing items transmitted directly to DOL under <u>separate cover</u> :
	ision of Occupational Licensure (DOL) in a sealed envelope from each college or university ce having been originally registered in Massachusetts.
<u> </u>	sent directly to the Division of Occupational Licensure (DPL) from each non-Massachusetts etts) in which the applicant has taken the NCEES sanctioned Fundamentals Exam or Principles on instructions)

Please send this page and the completed application form to:

Division of Occupational Licensure
Board of Engineers and Land Surveyors
1 Federal Street, Suite 0600 • Boston, MA 02110

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GENERAL INFORMATION

<u>AUTHORITY:</u> You are requ ired to provide al I the information requested in the application forms per MGL C112, §81 and 250 CMR. It is the responsibility of the applicant to have read and understood the provisions of these laws, rules, and regulations and the instructions contained herein, before making application.

FORMS: The application is comprised of four separate sections, the application form itself, the instruction sheets, Attachment A a nd the Experience Table Narrative Cover Sheet. Except for the instructions, each must be completed and transmitted to the Board as set forth herein. Provide information only in those spaces indicated on the forms. Do not rearrange or alter this form in any way. Applications will be rejected and application fees forfeited if any portion of this form is altered. If additional space is required, make reference to a numbered addendum and title the top of the addendum "Attachment #___".

<u>ORAL EXAMINATIONS:</u> Applicants may be required to submit to an oral examination or interview and to submit experience documentation. The oral examination may address a number of issues, including: quality of experience, responsible charge time, knowledge of surveying principles, familiarity with common practices, etc. The applicant should bring to the interview, copies of research notes, field notes, calculations, work sheets, plans, etc. covering several jobs that demonstrate knowledge and skills associated with a variety of land surveying projects as indicated in section 26. There is no fee for oral examinations.

RULES & REGULATIONS: All applicants are required to have obtained and to understand the provisions of 250 CMR (code of Massachusetts Regulations) prior to completing this application. Copies are available by calling (617) 727-2834 or by accessing the Commonwealth's web page

http://www.sec.state.ma.us/spr/sprcat/catidx.htm.

NON-RESIDENTS: Applicants that do n ot reside in Massachusetts or whose pr imary place of practice is in another state are subject to the same requirements as Massachusetts applicants and licensees. Each is required to have a thorough knowledge of the laws, rules and regulations affecting the practice of land surveying in the Commonwealth of Massachusetts.

<u>FALSE STATEMENTS:</u> Massachusetts Law provides that applications containing false statements must be rejected regardless of the other qualifications of the applicant.

INSTRUCTIONS

All information appearing on this form must be typewritten or printed. Applications materials must be transmitted via postal mail to the Board. Application s will not be processed if any part of this form is incomplete. Applications will be rejected and application fees forfeited if any portion of this form is altered.

<u>Section 1:</u> Fill in your name as it appears on your birth certificate and appearing with your social security number. This should be the same name as appears on other registrations/licenses for Massachusetts or in other jurisdictions. IF you are known by an alias, answer yes to section 16 and supply the information requested.

<u>Section 2:</u> Provide any other name(s) by which yo u may have been known such as a maiden name. (see also section 16)

<u>Section 3:</u> Provide your current residential address and P.O. Box if applicable.

<u>Section 4:</u> Provide the company name and address of your current employer.

<u>Section 5:</u> Specify where you would like correspondence regarding your application directed.

Section 6: Provide your date of birth.

Section 7: Provide your place of birth, City, State, Zip.

<u>Section 8:</u> Declare your citizenship. If other than the United States, then specify.

 $\underline{\text{Section 9:}}$ Provide a day time and evening telephone number where you can be r eached during the processing of the application.

<u>Section 10:</u> to <u>Section 18:</u> Check the correct response for each of these background questions. If the answer to any question is YES, then you must provide the Board with a brief narrative describing the specifics. "Attachment A" has one box for each of these sections if needed.

<u>Section 19:</u> Specify the jurisdiction (state), the date and if you passed, failed or were disqualified for each NCEES Fundamentals of Land Surveying you have taken. If the exam was not taken in Massachusetts, the enclosed "Request for Verification" form <u>must</u> be forwarded to each of the jurisdictions in which you have taken the fundamentals examination and returned by the jurisdiction directly to the Board.

Section 20: Specify the state/jurisdiction, most recent date exam was taken, number of times exam was taken (indicate n/a if passed), hours of the exam and if you passed, failed or were di squalified for each NCEES Principles & Practices of Land Surveying exam you have taken. Foreign applicants who have taken and passed other qualification exams in jurisdictions other than the US should provide such information in a supplemental format as an attachment. If the exam was not taken in Massachusetts, the enclosed "Request for Verification" form must be forwarded to the jurisdiction in which you have taken the principles and practices examination and returned by that jurisdiction directly to the Board.

<u>Section 21:</u> Specify the most recent date exam was taken, number of times exam was taken (indicate n/a if passed), hours of exam and if you passed, failed or were disqualified for each Massachusetts State-Specific Jurisprudence Land Surveying exam you have taken.

<u>Section 22:</u> Indicate the profession al organizations of which you are curren tly a memb er. List only those organizations that are related to the profession of land surveying.

<u>Section 23:</u> Use this section to list all of your academic background. If you have not earned a college, university or technical school degree, then your high school data must be provided. Do not list courses of study that were not accredited by an academic institution. These might include short courses, civil service or armed forces schools or similar training, workshops, seminars, etc.

List, chronologically the name and address of each college, university, or technical school attended, the dates of such attendance and the curriculum. If a graduate, list the degree obtained or otherwise list the number of credit hours earned. Graduate work, evening school, and other education for which academic credit is given must be included in the list.

Transcripts are required by the Board for each of the schools that were attended \underline{after} the date of your original

registration in Ma ssachusetts (the remainder of the transcripts are available from your original application). Applicants must <u>not</u> submit transcripts directly to the Board, as these must be received directly from the schools. However, it is the applicant's responsibility to insure that the Board receives the transcript from the school.

<u>Section 24:</u> Use this section to list all non-academic or other non-degree academic courses of stud ies completed. This list should include any course, workshop, seminar, etc. which would demonstrate some additional competency in the disciplines of land surveying. Applicant should provide the Board with certificates of completion or other evidence that such courses of study were successfully completed.

<u>Section 25:</u> Use this section to indicate other independent programs of study that w ould provide evidence of your qualification s as a la nd surveyor, but that do not fit i nto the previous sections. Use this section to include self study programs, class audits, etc. Indicate the letter designation of the attachment, which describes the program of study. This should be a brief written narrative detailing the time commitment involved, texts, objectives, and date of study.

<u>Section 26:</u> Use the experience table to list, in chronological order, your employment history <u>since</u> the time of your ori ginal registration in Massachusetts (do not list experience that appeared on your original application for registration). The per iod during which your licensed had lapsed <u>must</u> be clearly identified in the table along with the type of activities performed during that period. If additional entries will be necessary, they must be supplied as an addendum in the same format.

Engagement number one should reflect your mos t current employment experience. Work backwards from engagement number one to the date you were originally registered to practice in Massachusetts. No record is to be made for work done be fore the applicant became registered. Table entries should cover periods of employment of a particular nature. If the nature of your position, hence the type of experience, within an employment period changes significantly, use a new key in the table to indicate such experience.

Employment that was not directly related to land surveying <u>must</u> also be included in order to leave no gaps in the complete chronological listing. However, if a number of contiguous engagements were unrelated to engineering/land surveying, you may group them together and designate that period as such. Per iods of unemployment, or other gaps should be noted rather than leaving a period of time without explanation. If part of the chronological experience record includes time spent in military service, the applicant should furnish a completely legible copy of the "R eport of Separation from the Armed Forces of the United States of America" as was issued upon discharge. This may be a DD-214 or a WD-AGO Government Form.

Supply one copy of the accompa nying addendum entitled "Experience Engagement Coversheet" for each engagement in the experience table and attach it to the reference materials being submitted for that engagement period. Additional copies of this form may be made as required. Provide a brief narrative for each section of the cover she et addressing the referenced matters pertinent for that employment period.

Typical duties refer to your specific job functions in the company or firm and the approximate time commitment

that accrued to each function you regularly performed. Scope of experience refers to the types of land surveying projects with which you were typically involved and the approximate percentage of time that accrued to each. Your level of responsibility should detail to what extent you were entrusted to work independently or conversely the amount of supervision you typically received for specific engagements. Include under scope of experience, the type of responsible charge experience that was involved.

The company profile should indicate first the multidisciplinary services offered by the employer for that engagement and second the primary types of la nd surveying services it offers. For multidisciplinary firms, indicate the types of services offered (i.e. land surveying, engineering, architecture, geodesy, photogrammetry, construction layout, etc.) and appro ximately what percentage of time each comprises of the company's total workload (for instance engineering 40%, land surveying 35%, Landscaping 25%). Indicate the primary types of land surveying services the company typically offers such as topography, retracement, permitting, subdivision, mortgage, layout, control, geodetic, right of way, etc. and approximately what percentag e of the company's commitment to land surveying each comprises.

Care must be taken not to claim land surveying experience, which is a ctually part of other professional disciplines. For experience keys that claim responsible charge time, provide sufficient details to distinguish that experience as such (see definition for responsible charge). In describing your experience, use specific terms, such as: "I designed", "I reviewed", "I recommended", etc. Avoid vague terms, such as: involved with, participated in, etc.

For each engagement period, that covers land surveying experience, supplemental information MUST FURNISHED and attached to the appropriate cover sheet for that enga gement number. Supplemental information should reflect work actually performed by you or under your direction of land surveying projects. It should include copies of research notes, field notes, calculations, work sheets, final plans, and reports made by you or u nder your direction. All supplemental materials should be provided on letter size (8 1/2" by 11") sheets. For copies of bound notebooks, or o ther fixed size documents, photographic enlargement/reduction to letter size is acceptable. Larger documents that would be unreadable if reduced, should be folded to letter size. The supplemental information package total weight should not exceed one pound. Select representative materials within this limit. Supplemental information becomes the property of the Board and will not be returned.

present supplemental materials Select that representative picture of the progression of yo ur responsibilities and experience over the breadth of your employment for each e ngagement. Supply examples of work performed ex clusively by you o r under your direction. If you were the co-author of a document that is important to your experience record, then circle the part which you p ersonally prepared or add a hand writ ten explanation thereon describing your contribution, for example: "I supervised the reconnaissance/evidence reconciliation for this project", or "I performed the technical/investigative research for this work", etc. Do not include bound sets of specifications or contract drawings, for which you were only marginally involved. Focus on quality, not quantity.

Column (a) Engagement Number: Enter the number of the engagement, beg inning with number 1 as the

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- most recent work and increasing by one for each row of the table. Electronic forms may already be numbered. Each engagement should address a particular phase of your experience history. It is not unusual to list more than one engagement for a single employer or academic institution.
- Column (b) Experience Categories: Choose one of the following three letter acronyms to represent the most appropriate exp erience designation for each engagement.
 - OWN Owner: of the busi ness or an officer of the corporation, board member, etc.
 - MNG Manager: of business operations.
 - ADM Administrator: Either supervises and plans the administration of land surveying services for a project or is assigned to provide the lead services for a project. The latter refers to an individual who is assigned to provide all or most of the contracting, research, reconnaissance, fieldwork, analysis, and documentation for a particular land surveying project.
 - ANL Analyst: Evaluates and reconciles record versus physical evidence via law of evidence and state regulation. One who is skilled in the mathematical treatment of such data and the processing of such dat a by use of comp uter applications.
 - INV Investigator (reconnaissance, research compile, directs, etc.)
 - CHF Party Chief (one or many parties)
 - RES Researcher of records at the registry of deeds, probate court, highway department, etc.
 - PRO Post Processor of field m easurements, deed closures, map checks, etc. but not yet skilled as an Analyst)
 - CAD Computer Assisted Drafting person.
 - INS Instrument Person on a field party.
 - ROD Rod Person on a field party/
 - TRA Training or apprentice type activities.
 - OTH Other activities unrelated to Land Surveying
- Column (c) Fill in the beginning date in the forma t "month/year" for each en gagement number. This should not overlap or be the same as any other ending date.
- Column (d) Fill in the ending date in the format "month/year" for each en gagement number. This should not overlap or be the same as any other beginning date.
- Column (e) Using the beginning and ending dates for each engagement number, compute the elapsed time in years and enter that amount in this column. Round all entries to the nearest tenth of a year for columns (e) thru (j).
- Column (f) For each engagement number, determine what portion of (e) is attributable to land surveying experience obtained while training for a position or prior to being put in a resp onsible charge at that position. This column should include time for each change of position for an employer, even if it follows a period when you were in responsible charge for a previous position, such as moving from party chief to working in a new offi ce position. Do not assume that because you achieved a re sponsible charge position for one duty, that from that time forward

- all of your time will be considered by the Board to be in responsible charge.
- Column (g) For each engagement number, determine what portion of (e) is attributable to land surveying experience in responsible charge and enter tha t amount in this column. For an explanation of the term "Responsible Charge" as used in this context, refer to the Glossary.
- Column (h) For each engagement number, determine what portion of (e) is attributable to experience while holding a valid registration to practice Land Surveying in another state or jurisdiction and enter that amount in this column.
- Column (i) For each engagement number, determine what portion of (e) is attributable to just land surveying experience as defined by the registration law (MGL C112, §81D). The time in this column should equal the total of columns (f) thorough (h). Experience that does <u>not</u> comply with MGL's definition of land s urveying should be listed in column (j). Entries in this column must <u>not</u> overlap experience time appearing on their professional licensing application, regardless of ju risdiction, for licensure in disciplines other than land surveying. Therefore, if you have claimed a period of engineering experience on another application form for licensure, you must list that period as such and it must not be included as experience in columns (f) through (h).
- Column (j) Enter the time in this column associated with academic engagements as noted in section 24 or any employment experience that that does not comply with the definition of land surveying as defined by the registration law, MGL C112, §81D.
- Column (k) For each engagement number, provide the name of the supervising Land Surveyor who was i n "responsible charge" of your land surveying work for that time period. Include that supervisor's license number, jurisdiction, current daytime telephone number and employer at the time of that engagement "independent contractors" number. Note: "employees" are hired on a very different contractual basis and hence have very different "direct charge" and supervisory roles with regard to the employees of the contracting firm that is actually providing the client service. For the Board to properly evalua te experience under MGL c 112, you m ust never designate the employer of an contractor" or "sub-contractor" "independent as being the contracting firm. If the supervisor for an engagement period is deceased, so indicate and provide the name of another senior member of the firm (preferably a land surveyor) who can verify your employment experience.
- Column (I) Provide the name, address, and telephon e number of the place where you were employed for each engagement. The word "same" can be entered if there was no change from the previous (listed above) employer. If the firm has dissolved or if it is now operating under a different name, such details must be provided. If the firm has dissolved, provide the name of a ref erence (preferably a professional land surveyor) that can verify the employment experience for that period. If you were self-employed, you must provide the name of an associate or client, preferably a registered Professional Land Surveyor, to verify your employment status for that period.

GLOSSARY

<u>ACADEMIC:</u> Of, re lating to, or characteristic of an institution or scholarly establishment of higher learning offering accredited courses beyond the grade of high school.

<u>ACADEMIC DEGREE:</u> title granted by a college or university, usually signifying completion of an established course of study.

ADDENDUM: When there is insufficient space provided for required information, an addendum should be attached and a ref erence to it supplied in the space for the applicant's response. Addenda should be 8.5 by 11 in ch sheets entitled "Attachment #__" on the top center of the sheet. Use one sheet for each attachment.

<u>APPLICANT:</u> The person ma king this application and attesting to the truthfulness of the statements and facts contained herein.

<u>APPROVED COURSES:</u> Land surveying courses approved by the Board or comprising one of the core subjects for an academic curriculum in land surveying.

<u>BOARD:</u> The Commonwealth of Massa chusetts Board of Registration of Professional Engineers and Professional Land Surveyors. Sometimes used to refer to the collective authority of all such Boards of registration for engineers and land surveyors.

<u>CLIENT:</u> A person for whom the practitioner is performing services. A client may be a property owner, contractor, developer, etc.

CMR: Code of Massachusetts Regulations

<u>COMITY:</u> In the context used by the Board, is the principle by which one jurisdiction may accede or give effect to the I aws or judgments of a nother Board. Massachusetts grants comity consideration only if the Board can determine that licensee's primary jurisdiction licensed the applicant in compliance with Massachusetts requirements. In the case of a person applying for registration as a land surveyor, the applicant will always be required to take and pass the Massachusetts specific examination.

DIRECT CHARGE: See Direct Supervision

<u>DIRECT SUPERVISION:</u> Direct supervision signifies both the control and the obligation in the p erformance of professional services that meet or exceed professional standards of practice. It is the act of a duly licensed person for a speci fied professional discipline who either personally prepares or was in responsible charge over the preparation of work prod ucts and has a verifia ble record that the individuals preparing such work products were subject to regul ar and continuing review and supervision during and throughout the development of such products.

<u>DISCIPLINES:</u> In the context of professional practice, the Board considers disciplines as those branches of engineering and land surveying regulated by Massachusetts law and w hich require special training and knowledge.

<u>ENGAGEMENT NUMBER:</u> Refers to a specific time period for one employer or college associated with primarily one experience category as listed in the experience table.

 $\underline{\mathsf{EMPLOYER:}}$ To engage the services of personnel, as defined by federal and state tax laws.

Engagement: employment periods demonstrating experience or education at a given discipline.

EXPERIENCE CLASSIFICATION: The amount of a specified type of experience required for registration by the Board . Usually associated with or linked to a specific type of educational background.

<u>FIRM:</u> A corporation, sole-proprietorship, proprietor trust, P.A., LLP, LLC, company or co-partnership which offers professional land survey ing services (as defined by Massachusetts General Laws) by letterhead or professional listing and for whom others may be employed in that service.

<u>JURISDICTION:</u> A state, territory or legislative body with the authority to regulate the practice of Land Surveying as discrete and separate from other professional endeavors.

<u>INTERVIEW:</u> Per MGL, a n interview is part of the examination process. (see Oral Exam)

<u>LAND SURVEYOR:</u> A professional specialist in the technique of measuring land, educated in the basic principles of mathematics, the related physical and applied sciences, and the relevant requirements of law for adequate evidence and all requisite to the surveying of real property and engaged in the practice of land surveying.

<u>LAND SURVEYING:</u> Any service or work, the adeq performance of which involves the application of special knowledge of the principles of mathematics, the related physical and appl ied sciences, and t he relevant requirements of law for adequate evidence to the act of measuring and locating lines, angles, elevations, natural and man-made features in the air, on the surface of the earth, within underground workings, and on the bed s of bodies of water for the purpose of deter mining areas and volumes, for the monumenting of property boundaries, for locating or relocating any of the fixed works embraced within the practice of civi I engineering, and for the platting, and layout of land and subd ivision thereof, including the topography, alignment and grades of streets, and for the preparation and perpetuation of maps, record plats, field note records, and property descriptions that represent these surveys.

<u>LAW OF EVIDENCE:</u> The aggregate of rules and principles regulating the admissibility, relevancy, and weight and sufficiency of evidence in legal proceedings.

<u>LICENSE</u>: A determination by a governing jurisdiction that a person has completed the required courses of study and acquired the necessary experience thorough a process of application and examination following which the person is registered to practice professionally in that jurisdiction.

MGL: Massachusetts General Laws

<u>MULTIDISCIPLINARY:</u> A person or firm having or employing more than one professional discipline.

NCEES: The National Council of Examiners for Engineering and Surveying. The corporation that prepares the Fundamentals examinations and the Principles and Practices examinations for re gistration as ei ther an engineer or land surveyor.

<u>NON-RESIDENT:</u> Any person who re sides outside the Commonwealth of Mas sachusetts, whether or not their employment is within the Commonwealth.

<u>ORAL EXAMINATION:</u> A formal interview of a person, arranged by the Board, to assess the qualifications of an applicant prior to admittance to written examinations or registration as a Professional Land Surveyor.

<u>Organization:</u> In the context of this form, means any establishment, society, or concern established for the benefit of the land surveying profession's practitioners,

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PLS REINSTATEMENT APPLICATION INSTRUCTIONS

and concerned with issues such as professional ethics, continuing education, public awareness, practice interchange, etc.

PRACTICE: see professional practice.

<u>PRIMARY JURISDICTION:</u> The jurisdiction where a professionally licensed person was f irst licensed/registered to practice land surveying.

<u>PROFESSIONAL PRACTICE:</u> Services offered by I icensed members of a profession as defined by law, regulation, or the normal practice of other competent, similarly situated professional land surveyors of good repute.

<u>RECIPROCITY:</u> The Board i nterprets reciprocity to mean the mutual or cooperative exchange of favors and privileges, especially the exchange of rights or privileges of licensing between jurisdictions. Massachusetts does <u>not</u> grant licenses based upon this premise. (see comity)

<u>REGISTRATION:</u> The process by which the Board firs t determines that an applicant is qualified to practice and then makes a formal record of such determination and, by virtue of assigning each practitioner a unique license or registration number, issues the practitioner a certificate of such.

RESPONSIBLE CHARGE: Responsible charge experience required for registration as a I and surveyor is that portion of the technician's experience that rises to the level of a licensed practitioner by virtue of the degree of responsibility accruing to the technician, provided that such experience was gained while under the "direct supervision" of a licensed practitioner as required by statute and regulation. Such experience must provide a clear indication to the Board that the technician is capable of pr oviding professional level services upon becoming a registered or licensed practitioner. Furthermore, such experience must be comprised of a diverse mix of those duties or responsibilities that would normally accrue to the licensed practitioner, for instance being responsible for the quality, review and evaluation of surveying matters (in field and office) or thei presentation to clients, their agents, municipal boards, and other such agencies or persons.

<u>SUPERVISOR:</u> In this context, refers to the person who is charged with all or part of the responsibility of overseeing aspects of a land surveying project. (see direct supervision)

<u>WORK PRODUCT:</u> Work product s are ta ngible items created or i dentified by the practitioner that communicate information to the client or members of the public regarding the practitioner's opinion or the services performed.

WRITTEN EXAMINATION: An asse ssment mechanism comprised of two examinations, the Fundamentals of Surveying Examination (FS) and the Principles and Practices of Surveying Examination (PS). The FS exam is an eight hour examination prepared by NCEES. The PS exam is comprised of two parts, a six hour exam prepared by NCEES and a two-hour jurisprudence (state-specific) exam prepared by the Board.

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Commonwealth of Massachusetts

Division of Occupational Licensure

Board of Registration of Professional Engineers and Professional Land Surveyors

PROFESSIONAL LAND SURVEYOR REINSTATEMENT APPLICATION

1.	Applicant Name:				
		(last)	(first)	(middle)	ADMIN. USE ONLY
2.	Other Name:				Appl.#
		(last)	(first)	(middle)	License#
3.	Residential Address:				Type:
	_	(number)	(street)	(apt. #)	Cash:
					Cash Date:
	-	(post	office box)		Action:
		(city/town)	(state)	(zip code)	Date:
			(email ad	dress)	
4.	Business Address:				
	(current employer)		(company	name)	-
					Attach a recent
	-	(post office box)	(or numbe	er, street, suite #)	passport 2" X 2" type
					photograph of yourself
	-	(city/town)	(state)	(zip code)	
	-		(email ad	dress)	
			(Girian da		
5.	Address for correspon	dence: 🗌 R	Residential	☐ P.O. Box	Business
6.	Date of Birth:	7	. Place of Bi	rth:	
8.	Citizenship: United	States	(specify)		
9.	Telephone Numbers (with area code):	Day:		Evening:

www.mass.gov/dpl/boards/en

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	Engineering in the United	nave you ever held a license ed States or in a foreign jurison of "Attachment A" indicating the information.	diction other than	Massachuse	tts? If	yes, then	☐ Yes ☐ No	
	you continue to provide	nd surveying during the period of de professional services or conthe then provide the specifics in the I Information"	ontinue to sign a	ınd seal pl	ans, do	ocuments,	☐ Yes ☐ No	
	taken any disciplinary a	tion Board located in the Unite action against you? If yes, the ntitled "Attachment A – General	n provide the spe				☐ Yes ☐ No	
	United States or any	pending disciplinary actions b country of foreign jurisdictior ed table entry entitled "Attachm	n? If yes, then p	rovide the			☐ Yes ☐ No	
	licensing/registration Bo	ntarily surrendered or resign pard in the United States or an the correspondingly numbered	ny country or fore	ign jurisdict	ion? If	yes, then	☐ Yes ☐ No	
	any country or foreign j	for and been denied a profession urisdiction? If yes, then provident achment A – General Information	the specifics in the				☐ Yes ☐ No	
	jurisdiction, other than	victed of a felony or misdemean a traffic violation for which a f s in the correspondingly numbe	ne of less than \$3	00.00 was	assesse	d? If yes,	☐ Yes ☐ No	
	about convictions and records may be checked	tified by the Criminal History Spending criminal cases. Thos I as part of your licensing procenity to discuss any issues with the	e records and othess. No records are	er Federal	and pr	ofessional		
		our education or professional e the correspondingly numbered					☐ Yes ☐ No	
18. Are you currently employed in a profession other than land surveying or in a position that does not involve the practice of land surveying? If yes, then provide the specifics in the correspondingly numbered table entry entitled "Attachment A – General Information"								
19.	Have you previously take	en NCEES sanctioned Fundamen	tals of Land Survey	ving examina	ations?	☐ Yes	☐ No	
	Jurisdiction	Date of exam	Exam Score:	☐ Fail	П	Disqualified		
	Jurisdiction	Date of exam	Exam Score:	☐ Fail		Disqualified		
	Jurisdiction	Date of exam	Exam Score:	⊔ Fall		ווופטן		
			Pass	☐ Fail		Disqualified		

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Jurisdiction	Most recent da	te: Times Tak	en:	Exam Hours:	Exar	n Score:				
						Pass		Fail		Disqualified
Jurisdiction	Most recent da	te: Times Tak	œn:	Exam Hours:	Exar	n Score:				
						Pass		Fail		Disqualified
Jurisdiction	Most recent da	te: Times Tak	ken:	Exam Hours:	Exar	n Score:				
						Pass		Fail		Disqualified
Jurisdiction	Most recent da	te: Times Tak	ken:	Exam Hours:		n Score:				
						Pass		Fail		Disqualified
		l .								
lave you previo	ously take the M	lassachusetts	State-Spe	ecific (Jurispru	udence) La	and Sur	veying	Exam	າ? []Yes □ No
Most recent date:	Times ta	ken	Exam Ho	urs:	Exam Sco					
						Pass	☐ F	ail		Disqualified
ist vour memh	ership/affiliatio	ns in land surv	evina ora	anizations or	societies:					
	AME	13 III Idila Salv	cynig oig	GRADE			MBER	<u> </u>	ΩF	FICES HELD
147	NIL.			MEMBERS			NCE		Oi	TICLS TILLD
ist schools & c	olleges attended	d (see instruct	ions)							
ist schools & co	_	d (see instruct CITY, STATE	· I	YEAR-YEAR	CURRIC	JLUM	De	GREE		Earned credi
Institu	_	•	· I	YEAR-YEAR	CURRIC	JLUM		GREE		Earned Credi N/A
Institu	_	•	· I	YEAR-YEAR	CURRIC	JLUM				
	JTION	•	· I	YEAR-YEAR	Curric	JLUM	١	N/A		
INSTITU High School	JTION	•	· I	YEAR-YEAR	CURRIC	JLUM	١			
INSTITU High School Preparatory Schoo	JTION	•	· I	YEAR-YEAR	CURRIC	JLUM	١	N/A		N/A
INSTITU High School	JTION	•	· I	YEAR-YEAR	CURRIC	JLUM	١	N/A		N/A
INSTITU High School Preparatory Schoo	JTION	•	· I	YEAR-YEAR	CURRIC	JLUM	١	N/A		N/A

(list only accredited academic courses of study)

College/University

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24. List your ten most recent non-degree or non-academic courses of study (workshops, seminars, etc.):

Course Title	OFFERED BY	DATE	CEU's/PDH's
	I non dearee courses of study, work shops, seminars, et		

(for all non degree courses of study, work shops, seminars, etc.)

25. List any independent programs of study in land surveying which would indicate your qualifications as a land surveyor:

Subject	Sponsor	DATE	Narrative
			REFERENCE NARRATIVE:
			REFERENCE NARRATIVE:
			REFERENCE NARRATIVE:
			REFERENCE NARRATIVE:
			REFERENCE NARRATIVE:
			REFERENCE MARKATIVE:
			REFERENCE NARRATIVE:
			NEI EREINGE IVARRATIVE.
			REFERENCE NARRATIVE:
			NEI EINENGE MANNATIVET
			REFERENCE NARRATIVE:
			THE ENERGY TO WASHINGTON

(Includes correspondence school, self study programs, research projects, etc. Attach narrative for each.)

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26. Experience Table (read instruction carefully before completing this section)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(1)
	ns)				(decir	ELAPSE mal years	ED TIME to nearest	tenth)			
Engagement Number	EXPERIENCE CATEGORY (see instructions for designations)	BEGINNING DATE (month/Year)	ENDING DATE (month/Year)	ELAPSED TIME (for this engagement)	PRE-RESPONSIBLE CHARGE (Surveying Experience)	RESPONSI BLE CHARGE (Surveying Experience)	PROFESSIONAL L.S. (Surveying Experience)	TOTAL (columns f, g, h) (Surveying Experience)	OTHER (non-surveying & academic)	SUPERVISING LAND SURVEYOR (include license # & Jurisdiction, current daytime telephone # and their employer for that period)	Your EmpLoyer (company name, address and telephone number)
Earli	est date	of registration	in Massachuse	etts for li	cense be	ing reinst	ated:			(do not show entrie	es in table prior to this date)
1											
2											
3											
4											
5											
6											
	7	TOTALS: (colum	n e thorough j)								

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AFFIDAVIT & NOTARIZATION

"The undersigned applicant acknowledges that the Commonwealth of Massachusetts Board of Registration of Professional Engineers and Professional Land Surveyors (Board), by its usual standards and procedures, will examine and compile a record with respect to all aspects of the applicant's surveying career. The applicant agrees to provide any additional information in connection with the inquiry as may be required by the Board."

"The applicant certifies that the information contained herein truthfully and accurately reflects the applicant's employment and educational background and that the supplemental materials provided are examples of work prepared exclusively by the applicant except as specifically noted thereon. The applicant authorizes the Board to make such investigations and inquiries as may be necessary to substantiate the statements supplied herein. This may include contacting the employers, references and supervisors named herein. Applicant understands that any address or telephone number found to be invalid at the time of the application will automatically invalidate that portion of the submission and may result in a rejection of the application."

"I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Board to deny the application or to suspend or revoke a license issued to me, if said license is issued based upon fraudulently supplied information. I further attest that, pursuant to MGL C62, §49A, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law."

"I further certify that I have read and understand the applicable laws, rules and regulations of the Commonwealth of

Massachusetts (MGL c112, s81D - 81T and 250 CMR) and the instructions that accompany this application."

NOTARY

Jurisdiction of: _______ County of: _______ SS:______

I, _______, a Notary Public in and for said county, in the jurisdiction aforesaid, DO

HEREBY CERTIFY that _______ personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he/she signed, sealed and delivered the said instrument as his/her free and voluntary act, for the uses and purposes therein set forth.

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(my commission expires)

Notary Seal

Given under my hand and notary seal this _____ day of ______, 20_____

(Notary Public Signature)

PLS REINSTATEMENT APPLICATION Attachment A

Section 10 Response: Provide information for other engineering and land surveying licenses/certifications (see instructions for <u>required</u> "Request for Verification"; provide supplemental sheets if necessary)

•		•			.,
JURISDICTION	Түре	DATE I SSUED	Number	STATUS	DISCIPLINARY ACTION
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
		(status: current, inactiv	e, suspended, probation, etc.	.)	

If your answer was yes for any of the questions in sections 11 thorough 18 then you must provide an

explanation in the corresponding box below.
Section 11 Response
Section 12 Response
Section 13 Response
Section 15 response
Section 14 Response
Section 15 Response
Castian 1C Pagazana
Section 16 Response
Section 17 Response (refer to engagement number in experience table that this response applies to)
Section 18 Response (refer to engagement number in experience table that this response applies to)

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PLS Reinstatement Application Experience Engagement Coversheet

(FILL OUT ONE COPY OF THIS SHEET FOR EACH OF SECTION 27^{s} ENGAGEMENTS AND ATTACH IT TO THE ASSOCIATED REFERENCE MATERIALS)

ENGAGEMENT NUMBER:	ENGAGEMENT CATEGORY: (3 LETTER ACRONYM)
TYPICAL DUTIES ASSOCIATED WITH THIS ENGAGEMENT:	
<u> </u>	
SCOPE OF EXPERIENCE ASSOCIATED WITH THIS ENGAGEMENT:	
LEVEL OF RESPONSIBILITY ASSOCIATED WITH THIS ENGAGEMENT:	
Types of Attached Documentation:	
PROFILE OF MULTIDISCIPLINARY FIRM'S SERVICES (IF APPLICABLE):	
PROFILE OF FIRM'S TYPICAL SURVEYING SERVICES:	

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Commonwealth of Massachusetts

Division of Occupational Licensure The Board of Registration of Professional Engineers and Professional Land Surveyors

Request for Verification

For Non-Massachusetts License, Registration, Examination, Standing

Applicant requesti	ing status of r	egistration/licens	se/exan			illed out l	by applicant)
Name:				Type of License	e/Registration:		
Street Address:				License/Registr	ration #:		
Other:				Last four digits	of SS#:		
City:				Date of Birth:			
State:	Zip:						
Status of applicant	t's Certificate,	/Registration/Lice	ense:		(to be fi	illed out k	oy jurisdiction)
Reco	ord	Certif. No.	Da	ite Issued	Valid Until	Disc	iplinary Actions
Engineer In T	raining EIT						Yes No
Professional Engine	eer PE						Yes No
Surveyor in Trainin	g SIT						Yes No
Professional Land S	Surveyor PLS						Yes No
Other:							Yes No
Applicant's examir	nation record	:			(to be f	filled out	by jurisdiction)
Exam	Hours	Result		Date	NCEES Exa	m	Branch
FE		Pass Fa	ail		☐ Yes ☐	No	
P&PE		Pass Fa	ail		☐ Yes ☐	No	
FLS		Pass Fa	ail		☐ Yes ☐	No	n/a
P&PLS		Pass Fa	ail		☐ Yes ☐	No	n/a
Oral		Pass Fa	ail		By Board		
Other:		Pass Fa	ail		☐ Yes ☐	No	
Remarks:							
Processing agency's			Attested	1 Dv.		Board Se	nal·
Return completed	form to:		Alicsico	1 Бу.		Dogra Sc	cal.
			Signatur	re:			
DOL, Board of Engine		rveyors	Signatur Title:	re:			
DOL, Board of Engine 1 Federal Street, Suit Boston, MA 02118		rveyors		re:			

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COMMONWEALTH OF MASSACHUSETTS 1 Federal Street, Suite 0600 Boston, MA 02110-2012

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Occupational Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

I understand that the Division of Occupational Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one

year of the date of this Form, as Form is true and accurate.	acknowledge that the information provided on Page 2 of this Acknowled	dgement
Signature	Date	
Please provide the name of the	ard of registration and license type for which you are applying or curre	ntly hold:
Board of Registration	License Type	

NOTE: DOL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DOL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

Last Name	*First Name	Middle Name	Suf	ffix
Maiden Name (or other na	ame(s) by which you have been	en known)		
Date of Birth	Place of Birth			
Social Security Number:	-			
Sex: Height: _	ft in. Eye C	olor:		
Oriver's License or ID Nur	mber:	State of Issue:		
Current and Former Addres	sses:			
Street Number & Name	City/Town	State	Zip	
Street Number & Name	City/Town	State	Zip	
Offices, Section A m	ICATION SECTIONS nust be completed. Ot	herwise, Section B m	ust be comp	leted.
Offices, Section A m SECTION A: VERIFICA		herwise, Section B m EE: I hereby certify that I ver	ust be completified the identity of	leted.
Offices, Section A management SECTION A: VERIFICA referenced subject by review	nust be completed. Ot ATION BY DOL EMPLOY	herwise, Section B m EE: I hereby certify that I very vernment-issued identification:	ified the identity of	f the above-
Offices, Section A management SECTION A: VERIFICATE referenced subject by review	ATION BY DOL EMPLOY ving the following form(s) of gov State-issued driver's license	herwise, Section B m EE: I hereby certify that I very vernment-issued identification:	ified the identity of	f the above-
SECTION A: VERIFICATE referenced subject by review Passport	ATION BY DOL EMPLOY ving the following form(s) of gov State-issued driver's license	herwise, Section B markets. I hereby certify that I verwernment-issued identification: Military identification Employee (Please Print)	ified the identity of	f the above-
SECTION A: VERIFICATE referenced subject by review Passport	ATION BY DOL EMPLOY ring the following form(s) of gor State-issued driver's license Name of Verifying DOL Signature of Verifying D EATION BY NOTARY: f, 20,	herwise, Section B markets. I hereby certify that I verwernment-issued identification: Military identification Employee (Please Print)	ified the identity of State-issued identi	f the above- fication card c, personally appeared
SECTION B: VERIFIC SECTION B: VERIFIC On this day o which was the following: SECTION B: VERIFIC On this day o	ATION BY DOL EMPLOY ring the following form(s) of gor State-issued driver's license Name of Verifying DOL Signature of Verifying D EATION BY NOTARY: f, 20,	EE: I hereby certify that I ververnment-issued identification: Military identification Employee (Please Print) OL Employee before me, the undersignt signer), and proved to me three	ified the identity of the iden	f the above- fication card c, personally appeared evidence of identification
SECTION B: VERIFIC On this day o Passport SECTION B: VERIFIC On this day o Which was the following: Passport Passport State	ATION BY DOL EMPLOY ring the following form(s) of gor State-issued driver's license Name of Verifying DOL Signature of Verifying D CATION BY NOTARY: f	herwise, Section B markets. I hereby certify that I very vernment-issued identification: ☐ Military identification ☐ Employee (Please Print) OL Employee before me, the undersigned to signer), and proved to me that tary identification ☐ State-issued.	Date ough satisfactory equals a second of the complete of the identity of the complete of the	f the above- fication card c, personally appeared evidence of identification card

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).