

STATE OF MARYLAND  
DEPARTMENT OF LABOR  
**STATE BOARD FOR PROFESSIONAL LAND SURVEYORS**  
100 S. Charles Street, Tower 1 Baltimore, MD 21201  
Tel: 410-230-6256

Email Application To: [dloplandsurveyors-labor@maryland.gov](mailto:dloplandsurveyors-labor@maryland.gov)

**APPLICATION FOR LICENSURE BY EXAMINATION**

☐ PROFESSIONAL LAND SURVEYOR

Application is filed under the subsection checked: (see instructions)  
☐ 15-305(b) ☐ 15-305(c) ☐ 15-305(d) ☐ 15-305(e) ☐ 15-305(f)

**1. PERSONAL DATA**

Name:

| LAST  | FIRST | MIDDLE |
|---|-------|--------|
| Last Name on Transcript, if different _____ |       |        |

Address: \_\_\_\_\_  
(Street) (Apt., Suite No.)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

(non-US Country) \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ E-Mail \_\_\_\_\_

Social Security Number (SSN) \_\_\_\_\_  
(Required By State Law)

If you do not have a SSN, contact the Board's office.

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

|   |                                     |          |       |
|---|-------------------------------------|----------|-------|
| Are you currently licensed as a Professional Land Surveyor? | <input type="checkbox"/> <b>YES</b> | State    | Date: |
|   | <input type="checkbox"/> <b>NO</b>  | Lic. No. |       |

|  |                                     |                    |       |
|--|-------------------------------------|--------------------|-------|
| Have you passed Fundamentals of Surveying Examination? | <input type="checkbox"/> <b>YES</b> |                    |       |
|  | <input type="checkbox"/> <b>NO</b>  | If yes, what date? | Date: |

Do you hold a current license as a professional engineer? ☐ **YES** ☐ **NO**  
If **YES**, State \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**SEE ITEM III. ON INSTRUCTIONS PAGE FOR MORE INFORMATION.**

**2. CONDUCT QUESTIONS**

a. Have you ever been convicted of a felony or misdemeanor in any State or federal court?  
☐ **YES** ☐ **NO** If you answered **YES**, submit a written explanation to the Board, along with a true test copies of the court documents.

b. Have you ever had this type of application denied by Maryland or any other jurisdiction?  
☐ **YES** ☐ **NO** If you answered **YES**, submit a written explanation to the Board.

### 3. EDUCATION.

|                               |        |                 |
|-------------------------------|--------|-----------------|
| Name of College or University | Degree | Graduation Date |
| Name of College or University | Degree | Graduation Date |

NOTE: An official academic transcript must be sent to the Board's office directly from the college registrar. Transcripts marked "issued to student" will not be accepted. Electronic transcripts will be accepted if sent by secure service.

Foreign Degree applicants: For each unapproved institution not located in the U.S., you must provide an official course by course evaluation sent directly from the evaluation company to the Board's office. See [www.ncees.org](http://www.ncees.org) or [www.naces.org](http://www.naces.org) for a list of evaluation companies. The Board will only accept evaluations from companies that obtain transcripts directly from the institution.

*\*Course descriptions must be submitted for Minor in Engineering\**

### 4. EXPERIENCE.

Begin with EARLIEST employment, for each separate employment, identify each person from whom you will seek an endorsement. In general, your endorser should be the person who is/was the immediate supervisor of your work. If you are unable to obtain a supervisor's endorsement, select another person with whom you worked who is sufficiently knowledgeable about your work to attest to the accuracy of your experience description. If part of your experience results from self-employment (e.g. as a licensee in another state), endorsement can be from a responsible subordinate or from a client for whom you provided professional services. The RPE numbers below must correspond to the numbers in the RPE boxes at the top right corner of the individual **RPE Forms**.

| RPE<br>FORM<br>No.        | Company or Employer Name<br>(Enter earliest engagement first) | Name of Endorser<br>(If any) | Dates of<br>Employment<br>Mo/Yr to Mo/Yr | Total<br>Time<br>Yrs/Mos |
|---------------------------|---|------------------------------|--|--------------------------|
| 1.                        | _____   | _____                        | _____                                    | _____                    |
| 2.                        | _____   | _____                        | _____                                    | _____                    |
| 3.                        | _____   | _____                        | _____                                    | _____                    |
| 4.                        | _____   | _____                        | _____                                    | _____                    |
| 5.                        | _____   | _____                        | _____                                    | _____                    |
| 6.                        | _____   | _____                        | _____                                    | _____                    |
| TOTAL Experience Claimed: |   |                              | Years _____                              | Months _____             |

### 5. CERTIFICATION

"I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I further authorize the release of any information contained within this agreement to an authorized representative of the Department of Labor for further investigation. I certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided for payment in a manner satisfactory to the unit responsible for collection."

Signature of Applicant \_\_\_\_\_ DATE \_\_\_\_\_

In accordance with Executive Order 01.01.1983-18, the Department of Labor is required to advise you as follows regarding the collecting of personal information: Personal Information requested by the licensing agency of the Department is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the agency to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect his/her personal record and to amend or correct the personal data if necessary. Personal information is generally available for inspection by the public only in accordance with the Public Information Act. Personal information is not routinely shared with state, federal or local government agencies.

## Form 2

RPE No: \_\_\_\_\_

SHEET NUMBER

\_\_\_\_ OF \_\_\_\_

**STATE OF MARYLAND  
DEPARTMENT OF LABOR  
STATE BOARD FOR PROFESSIONAL LAND SURVEYORS  
REPORT OF PROFESSIONAL EXPERIENCE (RPE)**

**INSTRUCTIONS TO APPLICANT:** Forward this original **RPE Form** to your endorser. If your endorser is not a licensed Professional Land Surveyor, select another person with whom you worked who is sufficiently knowledgeable about your work to attest to the accuracy of your experience description.

Be sure the RPE number in this box at the top right corner of this form corresponds with the appropriate RPE number and information on page 2 of **Form 1**.

**SECTION 1: TO BE COMPLETED BY APPLICANT.**

Name: \_\_\_\_\_

LAST                      FIRST                      MIDDLE

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_      xxx-      xx      -      \_\_\_\_\_

Last four of Social Security Number

Experience described on page 2 of this **RPE form** was obtained while employed by:

Firm or Organization Name: \_\_\_\_\_

Endorser's Name: \_\_\_\_\_

TIME PERIOD: Beginning \_\_\_\_\_ Ending \_\_\_\_\_ ☐ Full Time ☐ Part Time, \_\_\_\_\_ hrs/ per wk

I hereby certify that the work experience described on the reverse side of this **RPE Form** and the time claimed for that experience are true and accurate.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE** **DATE**

**SECTION 2: TO BE COMPLETED BY ENDORSER**

1. Read carefully the Applicant's Report of Professional Experience on page 2 of this RPE Form and any continuation sheets.
2. Provide the requested information below and answer questions 1-3. Please type or print clearly.
3. SIGN THE ENDORSER'S AFFIDAVIT IN SECTION 4 AND AT THE BOTTOM OF EACH **RPE CONTINUATION SHEET (Form 2a)**, IF ANY. If you disagree with any information provided by the applicant, please do not endorse the Applicant's experience and provide a letter of explanation as to why you disagree with the type of work experience or length of work experience claimed by the applicant.

Endorser's Name: \_\_\_\_\_

Address: \_\_\_\_\_

STREET                      CITY                      STATE      ZIP

Daytime Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Licensed Prof. Land Surveyor in \_\_\_\_\_ State License No. \_\_\_\_\_

Licensed Property Line Surveyor in \_\_\_\_\_ State License No. \_\_\_\_\_

**WITH RESPECT TO THE APPLICANT'S REPORT OF PROFESSIONAL EXPERIENCE AS DESCRIBED IN SEC. 3**

1. Does the description accurately reflect the work personally performed by the applicant? ☐ YES ☐ NO
2. Does the time claimed by the applicant for this experience reasonably reflect the actual time? ☐ YES ☐ NO
3. IDENTIFY YOUR PROFESSIONAL WORK RELATIONSHIP WITH THE APPLICANT AT THE TIME.  
IF NONE, EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

**DO NOT RETURN ORIGINAL TO THE APPLICANT.**

**Please submit to: [dloplandsurveyors-labor@maryland.gov](mailto:dloplandsurveyors-labor@maryland.gov)**

**A.** Briefly describe your general land surveying duties during your employment with the firm named in Section 1.

**B.**

2. Were you supervised by a Licensed Surveyor? ☐ YES ☐ NO

If you need more than one endorser from a single firm, USE SEPARATE RPE FORMS FOR EACH ENDORSER. If you do not have sufficient space on this form to report the experience to be verified by a single endorser, use additional RPE Continuation Sheets (**Form 2a**). BOTH YOU AND YOUR ENDORSER MUST SIGN EVERY SHEET. Indicate the number of extra RPE CONTINUATION SHEETS (Form 2a) for this endorser. If zero enter "0"

| Types of Surveying Work |   | TIME |     |
|-------------------------|---|------|-----|
|                         |   | YRS  | MOS |
|                         |   |      |     |
|                         |   |      |     |
|                         |   |      |     |
|                         |   |      |     |
|                         |   |      |     |
|                         |   |      |     |
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|                         |   |      |     |
|                         |   |      |     |
|                         |   |      |     |
|                         |   |      |     |
|                         |   |      |     |
|                         |   |      |     |
|                         | TOTAL THIS SHEET  |      |     |
|                         | Indicate the number of RPE Continuation Sheets (Form 2A) for this endorser. If zero, enter "0". |      |     |

**C. Describe briefly your personal level of responsibility or authority for the work described above. Explain any changes in your title resulting from promotions or other job changes during this period of employment.**

|  |
|--|
|  |
|--|

**SECTION 4: ENDORSER'S AFFIDAVIT** (Also complete Section 2 on Page 1)

I have read the Applicant's Report of Professional Experience, I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and surveying ability and that the work experience described by the applicant and the time claimed therefore are generally true and accurate.

Endorser's Signature \_\_\_\_\_ Date \_\_\_\_\_

SEAL

Endorser's License No. \_\_\_\_\_ State \_\_\_\_\_

**FORM 2A**STATE OF MARYLAND  
DEPARTMENT OF LABOR**STATE BOARD FOR PROFESSIONAL LAND SURVEYORS****RPE CONTINUATION SHEET**

RPE No: \_\_\_\_\_

SHEET NUMBER  
\_\_\_\_ OF \_\_\_\_  
ATTACH TO FORM 2

Name

LAST

FIRST

MIDDLE

Signature \_\_\_\_\_

xxx

-

xx

-

SOCIAL SECURITY LAST-4

**CONTINUATION OF SECTION 3 B (FORM 2):  
TO BE COMPLETED BY APPLICANT.**

TIME

YRS

Months

TOTAL THIS SHEET

Total this endorser

\* ☐ FINAL SHEET**SECTION 6: ENDORSER'S AFFIDAVIT:**

I have read the Applicant's Report of Professional Experience, I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and surveying ability and that, the work experience described by the applicant and the time claimed therefore are generally true and accurate.

Endorser's Signature \_\_\_\_\_

Date \_\_\_\_\_

SEAL

Endorser's License No. \_\_\_\_\_ State: \_\_\_\_\_

**FORM 3**

**STATE OF MARYLAND  
DEPARTMENT OF LABOR  
STATE BOARD FOR PROFESSIONAL LAND SURVEYORS**

**PERSONAL EVALUATION  
OF PROFESSIONAL EXPERIENCE**

**Submit FORM 3 only if you are required to submit FORM 2, REPORT OF PROFESSIONAL EXPERIENCE. Submit directly to the Maryland Board, together with FORM 1, APPLICATION FOR PROFESSIONAL LAND SURVEYOR EXAMINATION. Do not send this form to your endorsers. This form must be typed.**

**APPLICANT INSTRUCTIONS - The Maryland law pertaining to land surveying requires that experience found satisfactory to the Board must demonstrate certain general characteristics. After you have completed writing your Report of Professional Experience Form(s), complete this FORM 3 by answering each question, (a) through (f).**

**SECTION I.**

**NAME:** \_\_\_\_\_  
                    **LAST**                                    **FIRST**                                    **MIDDLE**

**Social Security Number: XXX-XX-\_\_\_\_\_**

**SECTION II.**

Explain how you believe the experience you have described in your Reports of Professional Experience Form(s) demonstrates the characteristics described in each question, (a) through (e).

(a) Responsible charge of work related to property conveyance and for boundary line determination.  
(As a general rule, 50% of your experience should satisfy this criterion.)

(b) Experience in field aspects of the profession:

(c) Experience in office aspects of the profession:

(d) Experience in ethical aspects of the profession:

(e) To what extent has your experience been obtained under the direct supervision of a licensed surveyor:

(f) Was any part of the experience you reported acquired while working outside of the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does the experience you have submitted include at least two years of experience acquired while working on surveying projects requiring knowledge and use of surveying standards and practices utilized in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain, citing specific examples of your work to demonstrate your knowledge and familiarity of U.S. codes and practices:

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FORM 4**  
STATE OF MARYLAND  
DEPARTMENT OF LABOR  
STATE BOARD FOR PROFESSIONAL LAND SURVEYORS

**REFERENCE INFORMATION FORM**

**Complete the information below and return with your completed application.**

**YOUR NAME** \_\_\_\_\_  
                                    LAST  FIRST  MIDDLE

**INSTRUCTIONS:** You must obtain a minimum of five (5) original letters of reference.

At least 3 references should be from professional land surveyors who have personal knowledge of the applicant's land surveying experience. Personal knowledge must have come from an examination of the applicant's work to the extent that the reference is sufficiently familiar with that experience to comment about it.

**The letters should contain the following information; where applicable:**

- The business relationship to you.
- The number of years the land surveyor has known you.
- Whether or not the land surveyor feels you possess adequate technical knowledge.
- In the land surveyor's judgment, has your experience been of a satisfactory character.
- Further comments and recommendations
- Name of the state in which the land surveyor is registered; registration number and signature.

**Below, please give the name's and titles of the references that the Board is expecting to receive for the applicant. The applicant may collect all the reference letters and submit them to the Board at one time.**

| Reference Name | Occupation                 |
|----------------|----------------------------|
| 1.             | Professional Land Surveyor |
| 2.             | Professional Land Surveyor |
| 3.             | Professional Land Surveyor |
| 4.             |                            |
| 5.             |                            |

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



**FORM 5****REQUEST FOR VERIFICATION OF LICENSURE/EXAMINATION**

**TO:** Maryland State Board for Professional Land Surveyors  
1100 N. Eutaw Street, Room 121, Baltimore, Maryland 21201  
(410) 230-6256 • FAX: (410) 962-8483 • email: [surveyor@dlr.state.md.us](mailto:surveyor@dlr.state.md.us)

**SECTION 1. APPLICANT MUST COMPLETE THIS SECTION**

| BOARD OF LICENSURE/EXAMINATION          |  | PERSONAL DATA (Completed by Licensee) |  |
|---|--|---------------------------------------|--|
| FROM: (Name and Address of State Board) |  | Name:                                 |  |
|   |  | Address:                              |  |
|   |  |                                       |  |
|   |  | Social Security No. <b>xxx-xx-</b>    |  |

**SECTION II. STATE VERIFICATION INFORMATION (Completed by State Board Providing Verification)**

| THE ABOVE NAMED PERSON LICENSED:                    | LICENSE NUMBER | DATE ISSUED | VALID UNTIL |
|---|----------------|-------------|-------------|
| <input type="checkbox"/> PROFESSIONAL LAND SURVEYOR |                |             |             |
| <input type="checkbox"/> PROFESSIONAL ENGINEER      |                |             |             |

**SECTION III. BASIS OF LICENSURE**1. ☐ WRITTEN EXAMINATION

| NAME OF EXAM                          | HOURS | GRADE (PASS/FAIL) | EXAM DATE | NCEES EXAM?<br>(YES OR NO) |
|---------------------------------------|-------|-------------------|-----------|----------------------------|
| Fundamentals of Surveying/Engineering |       |                   |           |                            |
| Principles of Surveying/Engineering   |       |                   |           |                            |

2. ☐ BY RECIPROCITY      FE/FS (EIT/LSIT) ACCEPTED FROM: \_\_\_\_\_ (State)

PE/PS/ ACCEPTED FROM: \_\_\_\_\_ (State)

3. ☐ OTHER \_\_\_\_\_**SECTION IV. DISCIPLINARY QUESTIONS**

1. Has any disciplinary action ever been taken against the applicant? ☐ YES ☐ NO
2. If so, has this disciplinary case been satisfied to the Board's requirements? ☐ YES ☐ NO If not, please note on back

BY: \_\_\_\_\_ Date: \_\_\_\_\_

TITLE: \_\_\_\_\_

BOARD SEAL