Information requested on this form must be typewritten or neatly printed and all questions must be answered. Incomplete, illegible, or altered applications will be rejected. Fees are non-refundable and non-transferable to a later exam. All applications expire six (6) years from date of application.

# **STATE OF WEST VIRGINIA BOARD OF PROFESSIONAL SURVEYORS**

1124 Smith Street, Suite 1200, Charleston, West Virginia 25301 Telephone: (304) 558-0350 Fax: (304) 558-0352

Website: www.wvbps.wv.gov E-mail: wvbps@wv.gov



**CLIP TWO COPIES** OF A RECENT **PASSPORT-TYPE** PHOTO IN THIS **SPACE** 

# APPLICATION FOR REGISTRATION TO PRACTICE SURVEYING (COMITY – WV State Exam Only)

EDUCATION & EX	PERIENCE	REQUIREME	NTS		
☐ Licensed in other jurisdiction after 2004					Board Use Only
	thirty hours o				l, which degree must include a e of experience in surveying ir
surveying-re responsible	lated courses	, plus four years o the direct supervi	r more of experier	mpleted a minimum of thirty nce in surveying, including tw or a person authorized in an	wo years of experience in
degree mus experience i licensee or a	t include a mi n surveying, i n person autho	nimum of thirty honcluding two years	ours of surveying of sof experience in I	veying or a related field appropriately surveying related courses, responsible charge under the engage in the practice of su	plus four years or more of e direct supervision of a
<ul><li>Experience in lieu of f</li><li>GENERAL INFORM</li></ul>		on and licensed of	n or before Decem		20
Full Legal Name	First	Middle		Social Security No	
Birth Date		Birthplace		Citizenship	
(Mark X in one of the square	es to indicate p	rimary address for I	Board communication	ons) Home Phone No	D
☐ Residence Address			City	State	Zip Code
☐ Business Name				Present Position	
Address			City	State	Zip Code
Telephone No.	Fa	x	Cell No.	E-Mail	
2. PROFESSIONAL LIG	ENSURE/REGI	STRATION(S)			
State Board first licensed wit	:h *		_ Date of Licensure _	Licen	se No
Is license now in force?		If not, why? _			
If you are licensed as a profe	essional surveyo	or in other states, lis	t states, numbers an	d classifications: *	
				ve charges pending against you	r license to practice surveying in
Have you ever been convicte	ed of a crime in	volving moral turpit	ude? If ye	es, Explain:	

<sup>\*</sup>Applicant must request <u>all</u> listed state PS boards to provide verification of exam scores and licensure as well as any disciplinary actions to WVBPS prior to application deadline.

## 3. REFERENCES OF CHARACTER AND QUALIFICATION

Applicant will list the names and addresses of not fewer than five citizens unrelated to him/her, of whom at least three must be professional, registered, or licensed surveyors, preferably in West Virginia, and persons to whom the applicant has reported or with whom he/she has been professionally associated. Only one reference will be acceptable from the same employer or firm. No member of the Board will be accepted as a reference. If any of the listed individuals are current or former supervisors who will also be asked to complete an employment verification form, references may provide comments in the space provided on that form in lieu of writing a separate reference letter.

Applicant will be responsible for asking listed individuals to provide letters of reference directly to the Board, and will follow-up to ensure that letters are received by the application deadline.

NAME	MAILING ADDRESS/ZIP CODE	RELATION	YEARS KNOWN
1			
2			
3.			
4			
5	·		

# 4. <u>EDUCATION</u>

State in chronological order the name and location of each high school or preparatory school, college, university, or technical school attended, the time spent at each, and if a graduate, the year of graduation. Applicant will request an official college or university transcript, to be sent directly to the Board by that institution, to verify surveying degree conferred.

NAME AND LOCATION OF INSTITUTION	YEARS: FROM-TO	DATE GRADUATED	TOTAL TIME	TECHNICAL COURSES	DEGREE RECEIVED
Preparatory Education – High and Private Schools					
Surveying Education – Name of College or University					
Other Higher Education – Name of College or University					
Technical or Vocational Schools – Certificate or Certification Program					

## 5. PROFESSIONAL SURVEYING EXPERIENCE

#### IMPORTANT - READ BEFORE COMPLETING SURVEYING EXPERIENCE

- A. Each of the three columns under "time" should be filled out for each engagement. Use zeros where necessary, but do not leave blank spaces, and do not use the word "yes".
- B. The time in "Responsible Charge" plus the time in "Technician Level" must equal the time entered under "Total Time" (i.e. Columns 2 and 3 must equal column 1.).
- C. Number each engagement and list them in chronological order. Experience must be documented and verified by supervisor(s), on forms provided by the Board, encompassing the last 10 years of your experience. Forms for each engagement must be signed by both applicant and verifier and returned to the Board by the application deadline.
- D. **RESPONSIBLE CHARGE** is defined as "direct control of surveying work under the direct supervision of a licensee or person authorized in another state or country to engage in the practice of surveying," *West Virginia Code* 30-13A-3(z), (2010), in order to gather, prepare or analyze data, evidence, or information that will aid and assist the licensed professional in resolving boundaries, or managing data or information regarding work related to the practice of land surveying.
- E. **TECHNICIAN** level is defined as work performed under the direction of a crew chief or licensed professional where the responsibility and knowledge requirements are minimal. Primarily this level involves work in a field crew, other than as crew chief, or in the office doing basic drafting or computations.

#### ALL COLUMNS MUST BE COMPLETED

NUMBER OF ENGGEMENT WORM MOMENT OF THE PROPERTY OF THE PROPERT	DATE	TITLE OF POSITION NAME OF EMPLOYER LOCATION OF ENGAGEMENT	TIME (YEARS IN DECIMALS TO TENTHS)			
			(1) Total Time	(2) Responsible Charge	(3) Technician Level	NAME OF SUPERIOR OR PERSON TO WHOM APPLICANT REPORTED
_	MMYY					
_						
		TOTAL TIME				

#### RESUME

ALL APPLICANTS shall furnish a **RESUME OF THEIR SURVEYING EXPERIENCE**, including types of survey projects and their involvement.

## 7. INSTRUCTIONS FOR FILING APPLICATION

PLEASE ENSURE THAT YOU HAVE COMPLETED ALL SECTIONS AND THAT ALL REQUESTED DOCUMENTATION IS FURNISHED. Application should be prepared in duplicate; submit one copy to the Board and retain the duplicate. Applicants must ensure that the Board receives license and employment verifications, college transcript, and reference letters by the **APPLICATION DEADLINE** (February 1 for Spring exam & August 1 for Fall exam).

Applicants seeking test accommodations under the Americans with Disabilities Act should consult the NCEES website (www.ncees.org). The completed questionnaire and supporting documentation must also be submitted to the NCEES Special Accommodations Coordinator by the application deadline. Applicants seeking test accommodations for the West Virginia state exam should contact the Board office.

Payment of \$200 shall be by Check or Money Order, payable to the West Virginia Board of Professional Surveyors. Checks returned for insufficient funds will be subject to a \$25 administrative fee and other applicable bank or regulatory charges. Repayment must be paid by cashier's check or money order. FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE TO A LATER EXAM.

8. <u>Al</u>	FFIDAVITS			
STATE OF			COUNTY OF	
belief, the for conduct is in fairness and I will uphold	oregoing statements are true in substance and e ntegrity and I will discharge my duties if licensed I impartially to all. I will interest myself in the pu	ffect and are made as a land surveyor ablic welfare and be	contents described thereof and, to the best of my knowledge and in good faith. Furthermore, I believe the keystone of professional with fidelity to the public, my employers, and clients, and with ready to apply my special knowledge for the benefit of mankind. with any enterprise of questionable character. In my dealings with	
_	ia Code § 48-15-303 requires that each applicant these answers are true and correct:	t for licensure answ	er the following questions and certify, under penalty of false	
Do you have a child support obligation?				
		-	Signature of Applicant	
Subscribed :	and sworn to before me this day of		20 My Commission expires	
		-	Signature of Notary Public	
	(Notary Seal)		Signature of Notary Fusiic	
RECORD OF	BOARD (This space NOT to be used by Applica	ant)		
Action of Bo	pard: Approved	Denied	Date	
Examination	ns Passed: FS/Date	PS/Date	WV/Date	
License Issu	ed Number	Under Classification	n Certificate Issued	

BoardDocuments/Forms/Exams/Application – Comity (Revised May 2023)