WEST VIRGINIA BOARD OF PROFESSIONAL SURVEYORS

Phone: 304-558-0350 Fax: 304-558-0352 E-mail: wvbps@wv.gov Website: www.wvbps.wv.gov

FY2025

FOR ON-LINE RENEWAL via WEBSITE (www.wvbps.wv.gov)

FOR <u>CHECK PAYMENTS</u>, MAIL RENEWAL, PDH Form and PAYMENT TO:

West Virginia Board of Professional Surveyors 1124 Smith Street, Suite 1200, Charleston, WV 25301

Retain this form for your records if you choose the on-line renewal option.



Renewal Application for Professional Surveyor Licensure - July 1, 2024 - June 30, 2025

P.S. Renewal Fee (if postmarked or renewed on-line no later than June 30, 2024) - \$100.00 If postmarked or renewed on-line on or after July 1, 2024, add \$20 (20%) for each month or partial month thereafter.

If your current license is not renewed, your Professional Surveyor license will expire on June 30, 2024.

Name:	License Number:				
Board Ref:					
Primary Mailing Address:					
County					
Phone:					
Fax:					
E-mail:					
Cell:					
Other Mailing Address:					
Phone:					
Fax:					
Home Mailing Address:					
Phone:					
Fax:					
Other State P.S. License:					

CONTINUING EDUCATION

PDHs (Professional Development Hours) earned between July 1, 2024 and June 30, 2025 must be reported on the enclosed Continuing Education Verification Form.

Carry Over from 2024-2025 Renewal Period:

Minimum Standards (license year requirement was met):

Ethics (license year requirement was met):

Board Use Only	
Active Inactive	
Retired	
 Date	Initials

YOUR RENEWAL CANNOT BE PROCESSED UNLESS THE CERTIFICATION ON THE REVERSE SIDE OF THIS FORM IS COMPLETED AND THE CONTINUING EDUCATION FORM AND PAYMENT ARE ATTACHED. INCOMPLETE OR ILLEGIBLE FORMS ARE SUBJECT TO A \$50 REPROCESSING FEE

ALL APPLICANTS MUST COMPLETE THE FOLLOWING: West Virginia Code §48-15-303 requires each applicant for licensure renewal to answer the following questions and certify, under penalty of false swearing, that these answers are true and correct: Yes 🗖 Do you have a child support obligation? No \square If yes, does arrearages equal or exceed amount payable for 6 months? Yes No 🗖 ■ N/A Are you the subject of a child-support related subpoena or warrant? Yes \square No 🗖 Making a false statement may subject the license holder to disciplinary action, including, but not limited to, immediate revocation or suspension of the license. Are you registered with any other WV Licensing Board? ☐ Yes ☐ No If so, which one(s) Do you provide surveying services in WV? ☐ Full-Time ☐ Part-Time ☐ None at this time How many survey employees do you supervise in WV? Full-Time Part-Time Contract I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE. I HEREBY APPLY FOR RENEWAL OF MY LICENSE NO. MY COMPLETED CONTINUING EDUCATION VERIFICATION FORM IS ATTACHED. THE FOLLOWING CERTIFICATION MUST BE SIGNED BY ALL LICENSEES, REGARDLESS OF STATUS DATE **PRINT OR TYPE NAME SIGNATURE** ☐ Payment is enclosed (check or money order payable to WV Board of Professional Surveyors). Checks returned for insufficient funds will be subject to a \$25 administrative fee and other applicable bank or regulatory charges. Re-payment must be paid by cashier's check or money order. WV P.S. Seal IF APPLYING FOR: \square INACTIVE STATUS or \square RETIRED STATUS — Complete Application Below. **APPLICATION FOR "INACTIVE" LICENSE STATUS** Inactive licensees are: • not permitted to practice as a professional surveyor or be in professional charge of survey-related work. • not required to maintain PDHs during inactive period. required to pay the yearly renewal fee for licensure and any late fees associated therewith for each license period. Inactive licensee may request exemption from the license renewal fee if serving on active duty in the Armed Forces of the United States for a period exceeding 120 consecutive days during that license year; experiencing physical disability; illness; or other extenuating circumstances. Return to active status will require licensee to: • acquire PDHs for up to a maximum of two (2) years' requirements as set forth in 23CSR2 et seq. • acquire minimum standards and ethics PDHs within one year if requirement has not been met in preceding 4-year period. I, the undersigned, hereby certify that I will comply with the provisions of this application and the Board for an Inactive License. DATE **PRINT OR TYPE NAME SIGNATURE** APPLICATION FOR "RETIRED" LICENSE STATUS I, the undersigned, hereby apply for the honorific title of "Professional Surveyor, Retired," pursuant to West Virginia Code 30-13A-17. I certify that I am in active or inactive license status and at least 65 years of age at the time of this application. I further certify that I am no longer practicing as a professional surveyor and agree that I will not be in professional charge of survey-related work in West Virginia. I understand that I am not permitted to affix my Professional Surveyor's seal to any surveying documents. I further understand that any violation of practicing or being in professional charge of survey activities in West Virginia may subject me to fines or disciplinary action by the Board. (Upon approval by the Board, a "Professional Surveyor, Retired" certificate will be issued.)

SIGNATURE

PRINT OR TYPE NAME

DATE



WEST VIRGINIA BOARD OF PROFESSIONAL SURVEYORS

CONTINUING EDUCATION VERIFICATION FORM (7/01/2023 - 6/30/2024 REPORTING PERIOD)

Pursuant to Legislative Rule 23CSR2 - Mandatory Continuing Education for Land Surveyors (2004),

Continuing Education Courses or Activities must be "reasonably related to the practice of land surveying."

· ·	Conti	nully Education Codises of F	Activities must be Teasonab	iy relaleu lo	ine praciic	e or iariu su	i veyirig.				
Code ¹ - Categories of Continuing Education Courses or Activities							Board Use (Date Stamp Received)				
C - Continuing Education Courses, Seminars, Workshops			S - Officer/Committee Member in Professional or Technical Societies A - Pape				A - Papers/A	ers/Articles/Books Authored and Published			
T - New Courses/Seminars Taught/Presented			M - Attendance at chapter meetings of Professional or Technical Societies			P - Patents					
						O - Other - Please fully describe activity					
	← <u>Ple</u>	ASE DO NOT USE ACRONYMS	- ALL ACTIVITIES LISTED BELO	W MUST BE	REASONABL	Y RELATED 1	O THE PRAC	TICE OF SUR	VEYING →		
Date of Activity	Code ¹	Sponsoring Orç Location o	Title of Activity and Presenter's Name			Signed/Dated Certificate? (Yes/No)		PDH's*			
*Fifty (50) minutes of instruction or presentation equals one (1) PDH credit.					TOTAL PDH's CLAIMED - 7/01/23 - 6/30/24						
*One (1) Continuing Education Unit is equal to ten (10) PDH credits. *One (1) College semester hour is equal to forty-five (45) PDH credits, if surveying related.					CARRY OVER FROM PREV			IOUS YEAR			
**If a licensee exceeds the annual requirement, a maximum of eight (8) PDH's may be carried over the porting period. (23CSR2-3.1)				r to the next				TOTAL			
` () N	claim exe lew Licens nactive Sta	` , , ,	ducation requirements for the Active Duty with U.S. Armed Iness, Extenuating Circums	d Forces			ve attached uty Outside		documenta	tion:	
. ,		dent licensee, I certify complessional surveyors(liance with the State of _PDH's are required every		yr(s).	's ma	andatory cor	ntinuing pro	fessional co	mpetency	
l certify that tl July 1, 2023		s listed above are true and con 30, 2024.	rect and state accurately the	ose profess	ional devel	opment hou	rs (PDHs) v	vhich I have	earned dui	ring the period:	
				Board Use Only							
Printed Name		Sig	gned		C/O	Claimed	Applied	E/S	C/O**		
P.S. # Date											