

STATE OF WEST VIRGINIA
BOARD OF PROFESSIONAL SURVEYORS
1124 Smith Street, Suite B127C
Charleston, West Virginia 25301
Telephone: (304) 558-0350 Fax: (304) 558-0352
Website: www.wvbps.wv.gov Email: wvbps@wv.gov



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APPLICATION FOR EXAMINATION

FUNDAMENTALS OF SURVEYING (FS) BY COMPUTER BASED TESTING (CBT)

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. Application fees are non-refundable.

This application expires six (6) years from the date of application or after six (6) failed attempts [See W. Va. Code R. §23CSR1-4.1.g and W. Va. Code R. §23CSR1-4.1.e]

Board Use Only

EDUCATION REQUIREMENTS – (Effective June 10, 2010)

- §30-13A-8(a)(1) Four-year degree or a bachelor degree in surveying approved by the Board, which degree must include a minimum of thirty hours of surveying or surveying-related courses.
- §30-13A-8(a)(2) Four-year degree or a bachelor degree, has completed a minimum of thirty hours of surveying or surveying-related courses.
- §30-13A-8(a)(3) Two-year degree or an associate degree in surveying or a related field approved by the Board, which degree must include a minimum of thirty hours of surveying or surveying related courses.
- §30-13A-8(b) Final Semester of a two or four-year approved surveying degree program with a grade point average of 3.0 or higher.

I. GENERAL INFORMATION

Date _____ 20 _____

Full Legal Name _____ Social Security No. _____
Last First Middle

Birth Date _____ Birthplace _____ Citizenship _____

Have you ever been convicted of a crime involving moral turpitude? _____ If Yes, Explain: _____

(Mark X in one of the squares to indicate primary address for Board communications) Home Phone No. _____

Residence Address _____ City _____ State _____ Zip Code _____

Business Name _____ Present Position _____

Address _____ City _____ State _____ Zip Code _____

Telephone No. _____ Fax. _____ Cell No. _____ E-Mail _____

II. 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**, 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.

Applicant will be responsible for asking the listed individuals to provide letters of reference directly to the Board..

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

III. EDUCATION

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 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					

IV. INSTRUCTIONS FOR FILING APPLICATION

1. Submit completed Application for Examination with required documentation and fee.
2. Upon review and approval by the Board, register with NCEES during the open registration period.
3. Pay NCEES directly for the FS examination related expenses during the registration process.

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.

Payment of application fee shall be by Check or Money Order, payable to the West Virginia Board of Professional Surveyors (WVBPS). 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. Examination fees are paid directly to NCEES during the registration process.

V. AFFIDAVITS

STATE OF _____ COUNTY OF _____

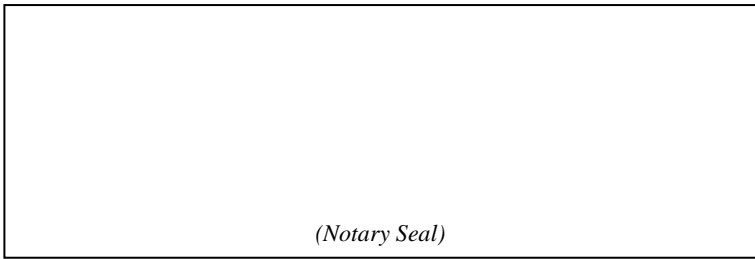
Being first duly sworn, I, the applicant named in this application, have read the contents described thereof, and, to the best of my knowledge and belief, the foregoing statements are true in substance and effect and are made in good faith.

West Virginia Code § 48-15-303 requires that each applicant for licensure answer the following questions and certify, under penalty of false swearing, that these answers are true and correct:

- Do you have a child support obligation? Yes No
- If yes, does arrearage amount equal or exceed the amount payable for 6 months? Yes No N/A
- Are you the subject of a child-support related subpoena or warrant? Yes No

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____. My Commission expires _____



Signature of Notary Public

RECORD OF BOARD *(This space NOT to be used by Applicant)*

Board Action: Approved _____ Denied _____ Date _____

Fundamentals Examination Passed: _____ SI Number _____ Certificate Issued _____
(Date)