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 Web site: www.wvbps.wv.gov E-mail: wvbps@wv.gov



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PHOTO IN THIS
SPACE

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

EDUCATION & EXPERIENCE REQUIR	EMENTS				
$\square$ Licensed in other jurisdiction after 2004	Board Use Only				
\$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, plus two years or more of experience in surveying in responsible charge.					
☐ §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, plus four years or more of experience in surveying, including two years of experience in responsible charge under the direct supervision of a licensee or a person authorized in another jurisdiction to engage in the practice of surveying.					
§30-13A-8(a)(3) Two-year degree or an degree must include a minimum of th experience in surveying, including two licensee or a person authorized in and	irty hours of surveying or o years of experience in re other state or country to e	surveying related courses, esponsible charge under the engage in the practice of su	plus four years or more of e direct supervision of a		
GENERAL INFORMATION	sed on or before becenik		_ 20		
Full Legal Name		·			
First Middle	Last				
Birth Date Birthpl	ace	Citizenship			
(Mark X in one of the squares to indicate primary addre	ss for Board communication	15) 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			
2. <u>PROFESSIONAL LICENSURE/REGISTRATION(S)</u>					
State Board first licensed with *	Date of Licensure	Licen	se No		
Is license now in force? If not,	why?				
If you are licensed as a professional surveyor in other sta	tes, list states, numbers and	classifications: *			
Are you being investigated by a disciplinary authority in a another state?	•		r license to practice surveying in		
Has license ever been suspended or revoked?	If so, why?				
Have you ever been convicted of a crime involving moral	turpitude? If yes	, 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

DATE	DATE	ALL COLONINS INIOSI	TIME (YEARS IN DECIMALS TO TENTHS)			
NUMBER OF ENGGEMENT	FROM NAME OF EMPLOYER LOCATION OF ENGAGEMENT	(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 fees 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>AFFIDAVITS</u>			
STATE OF			COUNTY OF	
belief, the conduct is fairness ar I will upho	foregoing statements are true in substance and e integrity and I will discharge my duties if licensed and impartially to all. I will interest myself in the pu	ffect and are made as a land surveyor ublic 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	
_	inia Code § 48-15-303 requires that each applicant that 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? Yes No If yes, does arrearage amount equal or exceed the amount payable for 6 months? Yes No Are you the subject of a child-support related subpoena or warrant? Yes No I				
		-	Signature of Applicant	
Subscribed	d and sworn to before me this day of		, 20 My Commission expires	
	(Notary Seal)		Signature of Notary Public	
RECORD C	<b>DF BOARD</b> (This space NOT to be used by Application	ant)		
Action of E	Board: Approved	Denied	Date	
Examination	ons Passed: FS/Date	PS/Date	WV/Date	
License Iss	sued Number	Under Classification	n Certificate Issued	

BoardDocuments/Forms/Exams/Application – Comity (Revised September 2018)