

Important Information  
Regarding  
Reinstatement Application for Land Surveyors

At its meeting on November 13, 2007, the State Board of Registration for Professional Engineers and Land Surveyors adopted a new policy regarding the license reinstatement of Professional Engineers and Land Surveyors.

Board Policy 07-02 is as follows:

*All applicants seeking reinstatement of their registration following the license being administratively revoked for having an expired license for greater than 4 years shall be required to pass as a minimum the principles and practices examination, unless the applicant has continued their license in force from another acceptable jurisdiction without interruption and in compliance with current Continuing Education requirements for a licensed Georgia registrant during the time when the Georgia licensure was not active.*

License Reinstatement Applicants should be aware that this application will be reviewed by the Board and if the applicant is determined to be eligible for reinstatement, one of the following options will be recommended and voted on at a Board meeting:

- If the applicant has maintained licensure in another jurisdiction without interruption, and otherwise meets continuing education requirements, there will be a \$1000 reinstatement fee assessed upon approval.
- If the applicant has **not** maintained licensure in another jurisdiction without interruption, and otherwise meets continuing education requirements, it will be necessary for the applicant to pass the Principles & Practices exam, for which the applicant will be given 4 offerings beginning with the next available offering. No additional Board fee will be assessed; however, the applicant will have to remit payment for the scheduling of the exam(s) to the exam administrator.

**FOR BOARD USE ONLY**

Amount Submitted \_\_\_\_\_

Date \_\_\_\_\_

Receipt # \_\_\_\_\_



**FOR BOARD USE ONLY**

Certificate Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Applicant No. \_\_\_\_\_

**GEORGIA STATE BOARD OF PROFESSIONAL ENGINEERS & LAND SURVEYORS**

237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440

[www.sos.ga.gov/plb/pels/](http://www.sos.ga.gov/plb/pels/)

**REINSTATEMENT APPLICATION FOR CERTIFICATE AS A LAND SURVEYOR**

**Application Fee \$100 (non-refundable)**

**License Type: LAND SURVEYOR**

**Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards):**



**Method Obtained by:**

Applicant is applying for above referenced license by: **Reinstatement** of License # \_\_\_\_\_

**Name** as desired on License: \_\_\_\_\_  
First Middle Last

Names as shown on exam records or transcripts (if different):  
\_\_\_\_\_  
First Middle Last

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
Number and Street Apt. No. City/State Zip  
**P.O. Box not acceptable**

**Mailing Address:** \_\_\_\_\_  
(if different) Number and Street Apt. No. City/State Zip

\_\_\_\_\_  
Telephone Number Day Telephone Number Evening E-Mail Address

**Affiliation:**  
Name of firm \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
Number and Street Apt. No. City/State Zip  
**P.O. Box not acceptable**

**Mailing Address:** \_\_\_\_\_  
(if different) Number and Street Apt. No. City/State Zip

NOTE TO APPLICANT: This information will be entered into the Division database for Accounting and Licensing purposes. All items must be completed, and then duplicated on the next page of the application for Board review.

**APPLICATION FOR REINSTATEMENT AS A LAND SURVEYOR**

*(License that has expired for more than 4 years. If your license expired less than 4 years ago, you may renew online.)*

**Section 1: General Information**

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

Name: \_\_\_\_\_  
                    First                                    Middle                                    Maiden                                    Last

Social Security Number\*: \_\_\_\_-\_\_\_\_-\_\_\_\_ Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*\*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES  
PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.*

Mailing Address: \_\_\_\_\_  
  Street and Number  City  State and Zip

Permanent Address: \_\_\_\_\_  
  Street and Number  City  State and Zip

Business Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

What year were you initially granted a Land Surveyor license in the State of Georgia: \_\_\_\_\_

Have you practiced surveying on a project within the State of Georgia where a license was required, but you did so without a current license?       Yes  No    If yes, include complete details on additional sheet.

Present Position (your title): \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Address: \_\_\_\_\_

Have you ever been convicted or pled nolo contendere to a crime?  Yes  No    If yes, include complete details on additional sheet.

**Section 2: Registration**

Lapsed Georgia Land Surveyor License number: \_\_\_\_\_

Expiration Date of your most recently lapsed Georgia License: \_\_\_\_\_

Has a professional license from any jurisdiction been revoked, suspended or sanctioned?  Yes  No

Name all the jurisdictions (states or territories) where you have been granted a Land Surveyor license:

\_\_\_\_\_

Name all the jurisdictions where you have maintained an uninterrupted Land Surveyor license(s)  
(Provide verification of license in **current** state of residence.):

\_\_\_\_\_

Name all jurisdictions where you no longer maintain a current professional license for whatever reason:

\_\_\_\_\_

**SECTION 3: EXPERIENCE**  
**\* EXPERIENCE SINCE YOUR GEORGIA LICENSE WAS REVOKED \***

**SHADED AREAS ARE FOR BOARD USE ONLY**

School: _____	Degree/Date _____	ABET: Yes _____	No _____
Masters: _____	Degree/Date _____	ABET: Yes _____	No _____
Technology: _____	Degree/Date _____	ABET: Yes _____	No _____
Other: _____	Degree/Date _____	ABET: Yes _____	No _____
LSIT State & Date: _____	LS State & Date: _____		

Eng. #	Company/ Employer Name	Your Title	From: <u>Mo/Yr</u>	To: <u>Mo/Yr</u>	Total Months

Total # of Endorsement Forms: \_\_\_\_\_ (All Engagements MUST be endorsed.)

**NOTES:**



**SECTION 6: ENDORSEMENT FORM**

**Section 6A – To Be Completed By Applicant for LS Reinstatement**

Applicant Name: \_\_\_\_\_  
Last
First
Middle
Maiden

Engagement No. as listed in Section 3: \_\_\_\_\_

This endorsement is for:    Reference & Experience Verification                  Reference Only                  Employment Verification Only

**Georgia Law Section 43-15-15(d) states: “An application shall contain the names of not less than five persons, not related to the applicant by blood or marriage, of whom at least three shall be registered, active land surveyors...having personal knowledge of the experience on which the applicant predicates his qualifications.”**

Experience described on this form was obtained while employed by: \_\_\_\_\_  
Company Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

For this engagement please provide name of direct supervisor: \_\_\_\_\_

Was your direct supervisor a registered LS?                  Yes                  No                  Other: \_\_\_\_\_

Endorser for this Engagement: \_\_\_\_\_

**State your Title(s) & Name of Company. Describe experience (one line is not sufficient) detailing in first person the work you personally performed in design, study, review, testing or other tasks which required your surveying skills. This work should be progressive in difficulty and magnitude; reflect the acquired ability to design and apply surveying principles to demonstrate that your judgment may be trusted on projects involving public health and safety. Do not attach resume or project lists. Experience must be verified by LS associates even if you are self-employed.**

Dates		Engagement No.
From <u>Mo/Yr</u>	To <u>Mo/Yr</u>	
Type of Experience		%
Boundary Surveying, including research & calculations		
Topographic or As-Built Surveying		
Geodetic or GPS Surveying		
Construction Lay-Out/Staking		
Other		

If you need additional space, please attach additional sheets.

**Section 6B – To Be Completed by Endorser  
 Applicant’s description in Section 6A above is:**

Accurate                  Inaccurate    (Explain if inaccurate): \_\_\_\_\_

Were you the applicant’s direct supervisor for this engagement? Yes                  No

If direct supervisor, were you a registered Land Surveyor?                  Yes                  No                  State Registered/No.: \_\_\_\_\_

Date of Issue: \_\_\_\_\_                  Signed: \_\_\_\_\_



**SECTION 5: AFFIDAVIT BY APPLICANT**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) \_\_\_\_\_ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on the Board’s website.**
  
- 2) \_\_\_\_\_ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_(state).

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

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC My Commission Expires:



**OFFICE OF SECRETARY OF STATE**  
PROFESSIONAL LICENSING BOARDS DIVISION  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440

**CONSENT FORM**

I hereby authorize the Board of Registration for Professional Engineers and Land Surveyors ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Physical Address (P.O. Boxes NOT Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

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

\_\_\_\_\_  
Social Security Number

One of the following must be checked:

This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

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

\_\_\_\_\_  
Date

Special licensure provisions (check if applicable):

- Working with mentally disabled  
 Working with elder care  
 Working with children

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

Name \_\_\_\_\_

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]