



Secretary of State

STATE BOARD OF REGISTRATION
FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS
237 Coliseum Drive Macon,
Georgia 31217-3858
(844) 753-7825

Reinstatement Application for Certificate of Authorization For Land Surveying

If the Certificate of Authorization for your firm has expired for more than a month, you may use this form to request reinstatement of the Certificate.

At its March 16, 2006 meeting, the State Board of Registration for Professional Engineers and Land Surveyors voted to assess a reinstatement fee of \$500 for delinquent firms.

Please remit a check or money order for \$500 + \$10 processing fee made payable to the Professional Licensing Boards Division.

The individual, who is in responsible charge of the land surveying performed or offered to be performed in Georgia, must be currently licensed as a Georgia Land Surveyor and must sign the form. If the firm has branch offices, each branch must have a full-time Land Surveyor and must be listed on the form.

Please indicate the FEIN (Federal Identification Number) in the appropriate blank as this number will be used for renewal purposes.

Faxed applications will not be accepted.

Mail the application and fee to: Georgia Board of PELS
237 Coliseum Drive
Macon, GA 31217

Fees associated with a Certificate of Authorization:

Initial registration: No Fee
Biennial Renewal (June 30 of even-numbered years): \$10
Reinstatement of Lapsed Certificate: \$500 + \$10 processing fee

Application is hereby made for the **REINSTATEMENT** of the certificate of authorization to practice or offer to practice **land surveying** in Georgia as defined in Chapter 15 of Title 43 of the Official Code of Georgia.

Legal Name of Business:

FEIN:

DBA (If applicable):	Expired Certificate #:	Expiration Date:

Physical Address of Principle Place of Business:

Street:	Suite:	
City:	State:	Zip:
Contact e-mail:	Telephone # ()	
<i>Mailing Address (if different than physical address):</i>		
Street or PO Box:		
City:	State:	Zip:

Are surveying services being offered or performed in Georgia based out of the principle place of business?

_____ YES _____ NO

If NO, then skip to next page regarding Branch offices.

If yes, then list below the Georgia PE who is based out of the principle place of business and will be primarily responsible for surveying services offered by this firm in Georgia.

Name:	Georgia LS #:	
<i>LS's Physical Home Address:</i> Street:	Is this LS a full time W-2 employee at this firm?	___ YES ___ NO
City: State: Zip:	How many hours a day does this LS spend in the office?	___ hrs.
	How many days a week does this LS spend in the office?	___ days
Is this LS's license currently active in GA? ___ YES ___ NO	Approximately how many miles is this LS's home from the office?	___ mi.

Please be advised that for each office location (principle place of business and/or branch office) where land surveying services are being offered or performed for projects in Georgia, there must be a full-time, continuing, bona fide Georgia licensed Land Surveyor working at that location and in responsible charge.

Make copies of this page as necessary for each branch office offering surveying services in Georgia. If the firm has branch office locations, not located in Georgia and are NOT offering services in Georgia, it is not necessary to list them.

If the firm does not have branch offices, then skip this page and do not send it with the application.

Legal Name of Business as listed on previous page

--

Branch Office offering surveying services in Georgia:

Street:	Suite:
City:	State: Zip:
Contact e-mail:	Telephone # ()
<i>Mailing Address (if different than physical address):</i>	
Street or PO Box:	
City:	State: Zip:

For this Branch office, list below the Georgia LS who is primarily responsible for surveying services offered by this branch office in Georgia.

Name:	Georgia LS #:	
LS's Physical Home Address: Street:	Is this LS a full time W-2 employee at this firm?	___YES ___NO
City: State: Zip:	How many hours a day does this LS spend in the office?	___hrs.
	How many days a week does this LS spend in the office?	___days
Is this LS's license currently active in GA? ___YES ___NO	Approximately how many miles is this LS's home from the office?	___mi.

List below other Georgia Land Surveyors in the firm who are full time, continuing, bonafide and active principals, officers, partners or individuals acting on behalf of the business (use additional sheets, if necessary.) *Leave out of application if this page is not necessary.*

Name:	Georgia LS #:	
LS's Physical Home Address: Street:	Is this LS a full time W-2 employee at this firm?	___ YES ___ NO
City: _____ State: _____ Zip: _____	How many hours a day does this LS spend in the office?	___ hrs.
Does this LS primarily work in the principle place of business or a branch office?	How many days a week does this LS spend in the office?	___ days
If branch, which one?	Approximately how many miles is this LS's home from the office?	___ mi.

Name:	Georgia LS #:	
LS's Physical Home Address: Street:	Is this LS a full time W-2 employee at this firm?	___ YES ___ NO
City: _____ State: _____ Zip: _____	How many hours a day does this LS spend in the office?	___ hrs.
Does this LS primarily work in the principle place of business or a branch office?	How many days a week does this LS spend in the office?	___ days
If branch, which one?	Approximately how many miles is this LS's home from the office?	___ mi.

Name:	Georgia LS #:	
LS's Physical Home Address: Street:	Is this LS a full time W-2 employee at this firm?	___ YES ___ NO
City: _____ State: _____ Zip: _____	How many hours a day does this LS spend in the office?	___ hrs.
Does this LS primarily work in the principle place of business or a branch office?	How many days a week does this LS spend in the office?	___ days
If branch, which one?	Approximately how many miles is this LS's home from the office?	___ mi.

Name:	Georgia LS #:	
LS's Physical Home Address: Street:	Is this LS a full time W-2 employee at this firm?	___ YES ___ NO
City: _____ State: _____ Zip: _____	How many hours a day does this LS spend in the office?	___ hrs.
Does this LS primarily work in the principle place of business or a branch office?	How many days a week does this LS spend in the office?	___ days
If branch, which one?	Approximately how many miles is this LS's home from the office?	___ mi.

Name:	Georgia LS #:	
LS's Physical Home Address: Street:	Is this LS a full time W-2 employee at this firm?	___ YES ___ NO
City: _____ State: _____ Zip: _____	How many hours a day does this LS spend in the office?	___ hrs.
Does this LS primarily work in the principle place of business or a branch office?	How many days a week does this LS spend in the office?	___ days
If branch, which one?	Approximately how many miles is this LS's home from office?	___ mi.

List below the name, residence address and title of each of the officers, board of director members, partners and/or principals for the corporation, Professional Corporation, partnership, association, or other entity making this application. For each such person list his/her current Georgia Land Surveyor registration number, if any.

Name & Address	Title	Georgia LS #, if applicable:

AFFIDAVIT

I, (*LS Name*) _____, as a currently active Georgia registered land surveyor and authorized

to act on behalf of (*Firm Name*) _____ **APPLICANT AFFIDAVIT:**

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
(404)424-9966

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)]